1		FOR STATE REGISTRAR				MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	REG. N		3 2	5 8			
MI)	1 DECEASED NAME FIRST (TYPE OR PRINT) ROYAL			V	/ILLIAM		ABE	20 DATE OF DEATH APRIL	7, 1982	1982 02:30 Am IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. UNITY OF DEATH OUNTY MD				
	3. SE	M		4 RACE	W	S. DATE O	DF BIRTH 46, 1906 YEAR	6. AGE (IN YEARS LAST BE						
181		RTHPLACE (STATE OR COUNTRY) Virgi			S A	8	D NEVER MARRIED	9 BALTIMORE CITY 9	OR COUNTY OF D	EATH	MC			
962	Cu	mberland		(IF NOT IN	SACRED HEA	RT HO	SPITAL	12d. USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired		KIND OF B DUSTAY S ir	e Co.			
d Samuel Pe	13a .	al residence (IF NUR STATE aryland	13b COUN Alle	TY	ON, GIVE RESIDENCE BEFORE 134. CITY OR TOW Cumberla	/N	13d. INSIDE CITY LIMITS? YES NO X	Route 6,						
To a	14. FA	ATHER'S NAME FIRST Willia		AIDDUS	LAST		Nettie Se	MIDDLE	All ends	LAST				
medico		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES WAR OR DATES			Mrs. Edith	be, as abo						
injury, ar ather traumatic event,		PART I. DEATH V 410 0 Canditians, if any gove rise ta im cause (a), statiunderlying cause	IMMEDIATI , which mediate and the	DUE TO,	OR AS A CONSEQUE	ENCEOF	te Cordi	ovoseule	Disco	BETWEEN ONS FULL SE SE SE SE SE SE SE SE SE	Poyls			
shows only	CERTIFICATION	PART 2 OTHER SIG	TION	196 CON	CONTRIBUTING TO		NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS CAUSES OF				
If Item 21 is marked or Item 18	MEDICAL C	OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOT W AT WORK	RED	21e. PLAC	A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19	211 LOCATION STREET	CITY OR TO		DUNTY	STATE			
PORTANT: If Item 21 is mo		220 I certify that (II saw the decease obove, (II) well in 1713 SIGNATURE	did I (did not	PRINCE	synterideath 19		22e ADDRESS	MEDICAL STA	AFF ICIAN [from the cou	SS S			
MPO		EUGENE M	AZZOCO	0, M.I). U U)	BMG-912 SETC	N DRIVE CL	JMBERLAND	, MD				

BP. DHMH - 16 50M 1/81 - (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in thy the should be detached for use as the burial-transit permit. Then please remove corbanapopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL Burial 4/10/82

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Pinto,

CUMBERLAND, MD 21502 COUNTY STATE

Pinto Mennonite Com Pinto, Md.

[250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE HAFER FUNERAL HOME 1302 NATIONAL HWY,

21502

1.4 75 SACTED SERVICE TO STREET THE SERVICE THE SERVICE TO . Por The Third Hergiand Allegemy Conterland x Route 6, sex 335 THE RESERVE OF MERCHANICAL 2 7 10 2/35 | Dr. Idich Abe. Is a cove But I was to be well as to the first Birth was Crahamante Date as mittel sect word of the section of the Birtal 4/10/82 Pinto cament to Car. Firto, Pf. Quality can be a first and a series of the cost from the cost from the cost family of the cost of the

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NELES	FCES
execute the certificate, writing the word "pending" in Pencil in Item 18. Give Pages 1, 2, and 3 to the flort	Ę,
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 3 FOR	臣
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WHE	3
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PECORDS, 301 W. ****	1907
BALTHANDRE ALADALAND 21201 BRIDGED BILDIAL CREMATION OF PEMOVAL	5

6		FOR STATE			MENT OF HE	ALTH A	RYLAND ND MENTAL H	IYGIENE	2 0	8 2	5	9
φ		REGISTRAR			EXAMINE	6,2 CE	RIIFICATE	PF DEATH	REG, NO.			
		CEASED NAME	IRS1	WIDDLE		LAS	-T	OF	KNOWN K		YEAR	B:30
28454			athryn	I.			idge	W. I. J. L.		-	182	P. M
HOTOE -	3 SEX	4. RACE	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS	R 1 YR. IF UNDER	MIN. PRONOI		MONTH , DAY	YEAR	14:30
S F St by		emale Whit		6,1916	65 YRS.			DE	D Apr		19 82	p. M
践到为	FOI	RTHPLACE (STATE OR REIGN COUNTRY)		SA		MARRIED	-Marie	ED -	MORE CITY OR Allega:	ny	DEATH	MD.
THE PAGE	10. CI	Y OR TOWN OF DEATH		OF HOSPITAL, NU		R OTHER	INSTITUTION	12a USUAL OCC	UPATION (TYPE C	DF WORK 12b KI	ND OF BUS R INDUSTR	
PAGE PAGE	Cun	berland		orial He		L		House			n Ho	
ANY DE	USUA 13a. Si	L RESIDENCE (IF IN NURSING	HOME OR OTHER INSTIT	TUTION, GIVE RESIDENCE	BEFORE ADMISSION)		d. INSIDE CITY LIMITS?	13e. STREET ADD				
ANY DANY DANY DANY DANY DANY DANY DANY D	134. 3	MD A	llegany		berland		YES NO 12	143 B		Drive		
H. IF.	14. FA	THER'S NAME					MOTHER'S MAIDI		MIDDLE		LAST	
DEATH AND AND		Preston	G.	Bi	ller	97	Edith		MIDDLE		dham	
AAGE N OR	16a. W	AS DECEASED EVER IN L	S. ARMED FORCE	S? 16b. SO	CIAL SECURITY N	10. 17	INFORMANT	Call the Call	ADDRESS	- HYII	- unam	12.11
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NE N		PART I DEATH WAS	AUSED BY:		100.1	1 4	ailur	0		BET	WEEN ONSET	AND DEATH
TEV TIEV NIOT PER GIEI		4149	MEDIATE CAUSE (DUE	TO, OR AS A CON	SEQUENCE OF		1	0	•			
L HY		Conditions, if any,		Can	2110.	11	Honel	· Deal	are			
RATA EMO		gave rise to imn couse (o) stoting the		TO, OR AS A CON	SEQUENCE OF	41	recon	/ Court				
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S S B F 3	E	21a. EXTERNAL CAUSE V	/AS 21h	TIME OF INJURY		21c HOW	/ INJURY OCCURRE	D (ENTER NATURE OF	IN II POV IN ITE AA 19 OA		YES 🗌	NO
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TO ME EXECUTOR PAGE TO FUIL AFTER BALTIM	23a.BI	JRIAL, CREMATION, REM			NAME OF CEME			23d. LOCATION		COUNTY	67	ATE
BP	(5	Burial	May	1,1982 1	Hillore	est i	Burialp	Cumbe	cland A			
DHMH - 17		JNERAL DIRECTOR			A THE PARTY		25a. DATE	REC'D. BY REGIST	RAR 256. REGIS	FRAR'S SIG	URL .	
1VR A15 ME (5)) 15M 7/76		William G	. Kight	Cumber	land,	MD	MAY	0 1982	Opanes	Jan 1	estron	-

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTII	FICATE OF DEATH	REC	G. NO.		
	CEASED NAME	STEP		LLIAM	ANSE	L	APRIL		82	7:21P _M
1.58	Male		1. RACE White	e	S. DATE O	H DAY YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Maryl		76. CITIZEN OF	A.	MARRIE WIDOW	NEVER MARRIED DIVORCED	9. BALTIMORE CIT	ry or county Legany	OFDEATH	MD
11	CUMBERL		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET HORIAL H	ADDRESS)	TAL	120 USUAL OCCU		12b. KIND C INDUSTRY Cuno	Water
M	al residence in aryland		egany	GIVE RESIDENCE BEFORE	and,	134 INSIDE CITY LIMITS?	13e STREET ADDRE	St. Cu	umberlar	id, Md.
14, FA	Ronald		MDDLE .	Ansèl		15. MOTHER'S MAIDEN NA	WE	4E	Dec	ihl
1	VAS DECEASED EV YES, NO OR UNKNOWN		RMED FORCES?	166 SOCIAL SECU 218-70-2		17. INFORMANT Mrs. Vicki (213 Peo	ur St. (21502 Cumb. Md
CERTIFICATION	Conditions, if coordinates to cause (al., stunderlying co	IMMEDIA IMMEDIA Immediate ating the iuse last	DUE TO, O CONDITIONS CO	ENGLAND TO S	INCE OF	NEWATIVE NIGHT CELL NOT RELATED TO THE TERM N WAS PERFORMED	L CA'	CONDITION GIVE	2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 3 M 3 M 4 M 2 M 3 M 4 M 4 M 4 M 4 M 5 M 4 M 4 M 5 M 4 M 4 M 5 M 5 M 5 M 6 M 7 M 7 M 8 M 7	GS USED
MEDICAL CERTIFIC		CAUSE OF DI MEDICAL EXAMINI URRED	P., PLACE	M. MONTH DA M. OF INJURY JEET, FACTORY, OFFICE, F.	19	211. LOCATION STREET		YE		OF DEATH? NO STATE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

JAMES M. RAVER

MEMORIAL HOSPITAL MEDICAL BUILDING

230. BURIAL, CREMATION, REMOVAL Burial	23b. DATE 4/20/82
24 FUNERAL DIRECTOR	

231 NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

H. Wäigne George 202 Greene St. Cumberland, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

O FUNERAL DIRECTOR

CRTANT

217	APRIL 17, 19	_1	12564		GETT2	
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the ottending physicion and completely filled in by the funeral remove corbonpopers. Pages 1 and 2 should be filed within 72 emotion, or removal.

	1.	FOR - STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	GIENE 8 2	0	8 2	6
		CEASED NAME FIRST MILDR	RED INEZ		OGAST ,	APRIL 2,		YEAR	6:43A
1)	3. SE	Female	4. RACE White	5. DATE O	F BIRTH 1913	6. AGE (IN YEARS LAST BIR	THDAY) IF (UNDER I YEAR	IF UNDER 24 HRS
35		IRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		DEATH	MD
50	CL	JMBERLAND	11. NAME OF HOSPITAL, NURSIT (IF NOT IN SUCH FACILITY, GIVE STREET MEMOR I AL	HOS!		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife		industry In Ow	r business or n Home
35	13a. S	Maryland All	PROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Cumberla	VN	13d INSIDE CITY LIMITS? YES K NO	13e. street address 104 Penn	sylvani	ia Ave	
/1		George We				Rawlings		LAST	
)		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 217-10-		Mr. John Ar	bogast, Cum		l,Md.	Hus band
oner Hoomonic event,		PART I. DEATH WAS CAUSE	nly one couse per line for (Q), (b), (ED BY: ITE CAUSE (O) DUE TO, OR AS A CONSECU (b) DUE TO, OR AS A CONSEQU (c)	ENCE OF	by freshire from	. Distery		BETWEEN	MATE INTERVAL INSET AND DEATH
9	CERTIFICATION		CONDITIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [ERE FINDIN	GS USED
9	_	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE)	ATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC)	21f. LOCATION STREET			STATE	
2 2 2		sow the deceased olive on	ital) attended the deceased from _ 19	, or	, 19 nd that in (my) (our) opinion DEGREE	, to deoth occurred on the do			
		Abythe 1774 PHYSICIAN FORME (1991)	Se sends	A.	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAR DIRECTOR PHYSIC		ZZC. DATE S	NGNED
			NAHTIUNAS		MEMORIAL H	OSPITAL M	EDICAL	BUII	LDING

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial Apr.4,1982 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

23b. DATE

230 NAME OF CEMETERY OR CREMATORY Davis Memorial Cem. Cumberland, Allegan Md.

of a fi	APRIL 2: 1982	INEZ ARROGASŢ	CHRONING CONTRACTOR
			booling
		MEMORIAL HOSPITAL	CUMBERLAND
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	oth certificate
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Charles E Babst Sr. 4/17/82 12 3. SEX 4, RACE 5. DATE OF BIRTH MONTH OF MALE AND THE MONTH OF MONTH OF MALE AND THE MALE	Charles E Babst Sr. 4/17/82 127 3. SEX		CEASED NAME	FIRST	MIDDLE		TICATE OF DEATH	REG. N	O. MONTH DAY	YEAR 2	b HOUR
Male white 10 6 1903 78 YRS 78	Male white the country of data white the country of data white the country of data white		E OR PRINT)	harles	E Babst		Sr.				12NA
Male White Country Ballimplace (state delegan) The CITIZEN OF WHAT COUNTRY) Ballimplace (state delegan) The CITIZEN OF WHAT COUNTRY) Ballimplace (state delegan) The CITIZEN OF WHAT COUNTRY) Ballimplace (state delegan) The COUNTRY The OWN OF DEATH The OWN OF THE INSTITUTION THE OWN OF THE INSTITU	Male No. SIRITIPING SIRITIPING NO. SIRITIPING NO. SIRITIPING NO. SIRITIPING NO. SIRITIPING NO. SIRITIPING NO. No	3. SE	Х	4. RACE				6. AGE (IN YEARS LAST BIR			F UNDER 24 HRS
76. BITHPLACE STATE OF OPERION 78. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF DIFFER INSTITUTION 12. U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OF DIFFER INSTITUTION 12. U.S.A.	_			white			78		DAYS	HOURS MIN.
10. CITY OR TOWN OF DEATH	10. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170. USUAL OCCUPATION (THE OF WORKER) LIFE IN THE OWN FOR WORK OR OST OF WORKERS LIFE IN THE OWN FINE OWN FI			OR FOREIGN 76. CITIZ	EN OF WHAT COUNTRY	Y? 8 MARRIE		9 BALTIMORE CITY O	R COUNTY OF D	EATH	A 10
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TOSUAL RESIDENCE IR NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 136. CITY OT TOWN 136. CITY OT TOWN	Table Tabl	10 C	III OR IOWN OF D	(IF NO	OT IN SUCH FACILITY, GIVE STREE	ET ADDRESS)				DUSTRY	
MATYLAND Allegany Cumberland Is Misside City Limits? 606 Wellington Iane Is Mother's Mame First WILLIAM BABST LAST LAURA M. SIETRUM SIETRUM Is MODIE FIRST ADDRESS CHARLES BABST JR 606 WELLINGTON LANE CUN NO CHARLES BABST JR 606 WELLINGTON LANE CUN RETWEEN ORDER IN CONSENSATION RETWEEN ORDER IN CONSENSATION PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse loi, stothing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 199. DATE OF OPERATION 199. CONTRIBUTING 2018 OF DEATH PART 2 CONTRIBUTING 2018 OF DEATH 190. CONTRIBUTING 2018 OF DEATH 190. CONTRIBUTING 2018 OF DEATH 190. CONTRIBUTING 2018 OF DEATH P.M. 190 216. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY 216. INJURY OCCURRED 216. PLACE OF INJURY 216. INJURY OCCURRED 217. PLACE OF INJURY 218. DOCATION CHIEFT STAND CHIEFT STAND CHIEFT STAND CHIEFT STAND 190 191 192 194 195 195 196 197 197 197 198 199 190 190 191 191 191 191	136. COUNTY			URSING HOME OR OTHER INS	Icred Heart	Hospit	tal	Retired Em	ployee	Texti	ile
15 MOTHER'S MANDE 15 MODIE 1.AST 15 MOTHER'S MAIDEN NAME 188T 1.AURA M. SIETRUM 1.AST 1.AURA M. SIETRUM 1.AURA M.	14. FATHER'S NAME	13a. S	STATE	13b. COUNTY	13c. CITY OR TO	WN					
BABST IAURA M. SIETRUM SIETRUM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INDO	THEST WILLIAM BABST WAS DECEASED EVER IN U. S. ARMED FORCES? Ibb. SOCIAL SECURITY NO. IVEYES, GIVE WAR OR DATES) IBC CAUSE OF DEATH (Enter only one couse per line for io), (b), and icid PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse iosi, stating the underlying couse lost. IPART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED IPAGE DATE OF OPERATION IPAGE DATE OF OPERATION			Allegany	Cumber	land		<u> 606 Welli</u>	igton La	ne	
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Silcox-Merritt Funeral Service. Cumberland, Md

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	. Page 4 may be
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the ferrits of ector, page 3 should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages and I should be filled in the State death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	or retor, page 3

	CEASED NAME	FIRST		WIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
(TYPE	E OR PRINT)	JAMES	CA	RSON	BA	LDWIN	APRIL 9	, 1982	7	: 2
3. SE	x Male		4. RACE White			OF BIRTH 11, 1979 YEAR	6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDE		JNDER 2
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Cumberland Allegany

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DHMH - 16 50M 1/81 (VRA 15, 4)

James F. Scarpelli, Cumberland, Md.

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5	13a. S		ounty Liegany	MICE AND		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS			
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14		VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	166 SOCIAL SECU		Doty Beema	an Midla	and, M		and
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BP DHMH-16 30M 2/80 (VRA 15, 4)

etained by the hospital or attending physicion

should be detached for use as the buriof-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, or removal.

injury, or other troumatic event, the medical exam

MPORTANT: If them 21 is morked or them 18 shows ony

24 FUNERAL DIRECTOR Eichhorn Funeral Home

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Anthony J. Bollino, Jr., M.D.

23b. DAJE 5/2/82

Atonaconing, Md

Oak Hill Cemetery

REGISTRAR 256. REGISTRAR'S SIGNATURE.

23d LOCATION Long Coning

Cumberland, MD.

Md

955 Frederick Street

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		FOR STATE REGISTRAR				CERTIF	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	8 2	¢ 6
	T. DE	CEASED NAME	ATHE	RN ALAI	ICE		NNETT	APRIL 18, 1982	DAY YEAR	8:30A
)	3. SE	× Female		1 RACE Whit	te	S. DATE O	DAY WELD	6 AGE (IN YEARS LAST BIRTHDAY) 65 YRS.	IF UNDER I YEAR	IF UNDER 24 HR
25		RTHPLACE (STATE OR FO	3/1/2	и. 3	WHAT COUNTRY?	WIDOW		9 BALTIMORE CITY OR COUNT ALLEGANY COL	Y OF DEATH	
52	Cu	mberland,		SACR	ED"HEART	HOSPI	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	FE) 126. KIND C INDUSTRY	Home
35	130		NG HOME OR MINE!	OTHER INSTITUTION TY AL	GIVE RESIDENCE BEFORE	ADMISSION)	13d. Inside City Limits? Yes NO P	13 Rt. #DDPESSMiller	dale,	v I
29	14. FA	Ernëst	,	AIGOLE	Mille	L	15 MOTHER'S MAIDEN NA Mithie	WE	Sha	Her
3		VAS DECEASED EVER I		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 220-30-8		Walter D. B.	ennett Rt. # 1 B	Va. 26 ox 250,	753 Ridge
nows ony injury, or other traum	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERATI	IFICANT C	ONDITIONS CO	tus C	NCE OF	1 40 /	IN CERTI	VEN IN PART 10	NGS USED
gen 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC.	AUSE OF DEA	11		Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)	
L Ked O	MEDI	21d INJURY OCCURRI		21e. PLACE (AT HOME, STI	OF INJURY	RM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTA	STATE
VT; If Ifem 21 is mo	(27a. I certify that (I) (sow the decease obove, (I) (we) (di	this hospit d olive on d) (did not	view the body		, or	DEGREE ATTENDING. PHYSICIAN	, to, death occurred on the date and hou MEDICAL STAFF DIRECTOR PHYSICIAN		
M N N N N N N N N N N N N N N N N N N N		BRADDO		DICAL G				RIVE, CUMBERLAND,	, MD.	
	(URIAL, CREMATION, R SPECIFY) Burial		23b. DATE 4/21/8	32 Res	tlaw	emetery or crematory n Mem. Garden		67	
81		EORGE FUNER			2 GREENE MBERLAND,		250. DAT	APR 9 6 1002	RAR'S SIGNAT	oun The

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		REGISTRAR		CERTI	ICATE OF	DEATH	REG. NO.		
		CEASED NAME FIRST CLA	RENCE JA		NE		APRIL 18, 1982	DAY YEAR	2b. HO 11:
2	3. SE	X 4	. RACE	5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDE
.		MALE	WHITE	MAY	10,	1924	57 YRS.		apoks
2		COUNTRY)	CITIZEN OF WHAT	COUNTRY? 8 MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY OR COUNTY ALLEGANY COU	OF DEATH	
27	_	ARYLAND TY OR TOWN OF DEATH	U.S.A.	WIDOW TAL, NURSING HOME		IVORCED	120 USUAL OCCUPATION	12b. KIND C	DE BLICE
2	CI	IMBERLAND	(IF NOT IN SUCH FACILI	TY, GIVE STREET AGORESS) D HEART HOS		111011011	UNIT MGE - STA		
3.5	130. S	ALRESIDENCE (IF NUR STATE MARYLAND	13c. €	SIDENCE BEFORE ADMISSION) ITY OR TOWN ESVILLE	136 INSIDE C	ITY LIMITS?	7366 SPOUT HILL	CORRECT ROAD	ION
00	14. FA	THER'S NAME FIRST OSBORNE	BOI	LAST		S MAIDEN NA	MIDDLE	ONARD LAS	ŝΤ
7		VAS DECEASED EVER IN U.S. ARM	WARORDATES	OCIAL SECURITY NO.	17 INFORMA		ADDRESS		
1		YES, NO OR UNKNOWN) (IF YES, GIVE W.W.		15-14-6493	MRS. N	MILDRED	BONE, SYKESVILL	E, MD.	
2	CERTIFICATION	gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	CONSEQUENCE OF			IN CERTIF	S, WERE FINDIN	NGS U
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJU HOUR A.M. A	RY MONTH DAY YEAR	21c. HOW IN	JURY OCCUR	YES NO YE	PART 1 OR PART 2)	NO
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	21f. LOCATIO	ON			
	ME	WHILE NOT WHILE AT WORK		TORY, OFFICE, FARM ETC)	STREET		CITY OR TOWN	COUNTY	
		220.1 certify that (1) this hospital saw the deceased alive on obove (1) we) did (did not)		19 9 2a		(our) opinion	death occurred on the date and hou		
		22h. SIGNATURE	Turem	n	2)		MEDICAL STAFF DIRECTOR PHYSICIAN	ZZC DATE	SIGNE 2 /
1		720 PHYSICIAN'S NAME TIMOTHY SOUW			P.O.		7 HYNDMAN, PA.		
1		URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	COUNTY	
		BURIAL	APR. 21	82 FBG. N	EMORIA		FROSTBURG,	MD.	
		INERAL DIRECTOR	57 FROS E FROSTBU			25a. DAI	E REC'D. BY REGISTRAR 25b. REGIST		URE
- 1	DL	IRST FUNERAL HOM	E PRUSTBU	KG, MD		A	PR 281982 There	so Jan	1/4

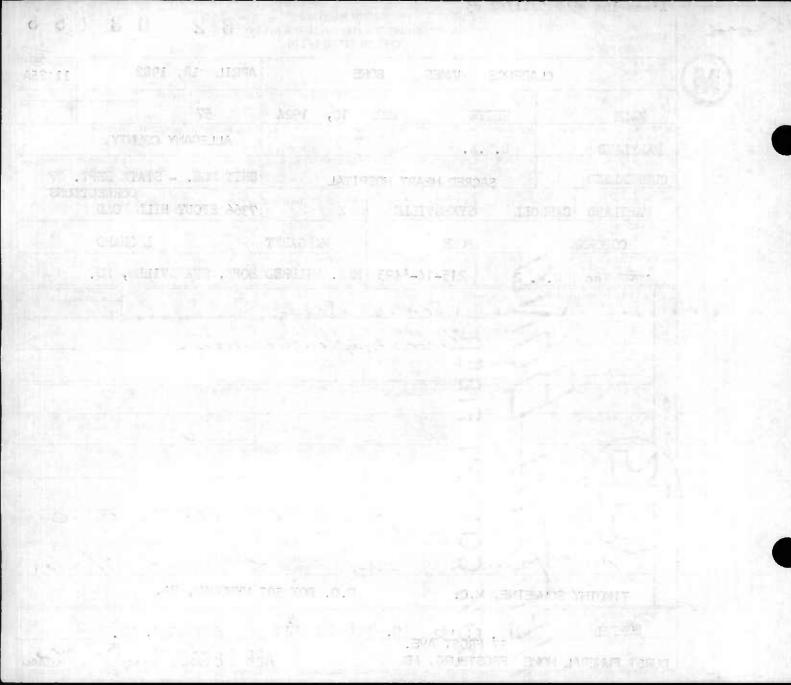
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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HAFER FUNERAL HOME LAVALE, MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) APRIL 29, 1982 D:55A MARTHA **IMM** BOWER 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MO Feb 3 1907 W To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED L ALLEGANY COUNTY. Illinois WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SACRED HEART HOSPITAL Cumberland Housewife. Own_Home 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany MD LaVale 441 Braddock St YES Y NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Mildred Bruce Blocher Elliott 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT TYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) 217-10-6690B Bruce A. Bower, As Above X APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and ici PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last NOWILL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from 01-23 .19 <u>8 Z</u> , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated saw the deceosed alive on 4-27 above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL accelle PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 924 SETON DRIVE, CUMBERLAND, MARYLAND URIEL VELANDIA, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) Burial CITY OR TOWN STATE 5/1/82 Hillcrest Cumberland 24 FUNERAL DIRECTOR 1302 NATIONAL HIGHWAY 25a. DATE REC'D.

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DHMH - 16 50M 1/B1 (VRA 15, 4) modification and the state of the property of Brook in . Lawo" . A teophia Brook in The THE ENGINEER PROTECTION OF THE PROPERTY OF THE PARTY OF T UCHELANELAN DEFEN Joint M. BULLYOUR SINGLE BUY LEEKE GER

STATE OF MARYLAND

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1 - STATE REGISTRAR		DEFA		ICATE OF DEATH	REG. 1	NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)		WIDDIE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
JOHN	EDW	ARD	BC	WI FS	APRII 29.	1982	6:15 PM
3. SEX	4 RACE	MIND	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF UND	ER I YEAR IF UNDER 24 HRS
Male	Whi	te	June	e 15, 1904	77	YRS.	DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	EATH
Maryland	USA		WIDOWE		ALLEGA	NY COUNTY	MD.
10 CITY OR TOWN OF DEATH		HOSPITAL, NUI		OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS OR
Cumberland	SACRE	D HEART	HOSPIT	AL	Track		Railroad
TSUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO		13c. CITY OR T		113d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
MD All	Legany	Cumbe	erland	YES NO X	Rt. 2. H	Baltimore	Pike
14. FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST
George E. Boy		EAST		Cora M:			LASI
160. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIALS	ECURITY NO.	17. INFORMANT	ADD	RESS	
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	705 1	0 6710	Cora C. Bow	les Cumber	land. MD	Wife
gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(c)	Cyon	TO DEATH BUT	NOT RELATED TO THE TERM	100 AVIOPSY?	20b. IF YES, WER	PART 1(0) RE FINDINGS USED CAUSES OF DEATH? NO
	DEATH	OF INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			
OR CONTRIBUTING CAUSE OF I	21e. PLACE	OF INJURY	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN CC	DUNTY STATE
sow the deceased alive above, (1) (this has	on	1	9, o	nd that in (my) (our) opinion	deoth occurred on the	dote and hour and f	
22b. SIGNATURE	E OR PRINT	Co		ATTENDING PHYSICIAN 222e. ADDRESS	MEDICAL STA DIRECTOR PHYS	AFF	2. DATE SIGNED
WC S	PYG	90	E	BMG 912 SETO	ON DRIVE, C	:UMBERLAND	,MD 21502
23a. BURIAL, CREMATION, REMOVA	AL 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shaws ony injury, or ather traumatic event, the medica

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

retained by the hospital ar attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 4-30-82 Hillcrest B

14-50-82 Hillcrest B

14-30-82 Hillcrest B

108 VIRGINIA AVE.,

SCARPELLI FUNERAL HOME, CUMBERLAND, MD 21502

Cumberland Al

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CUMBERLAND, MD.

GEORGE FUNERAL HOME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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·	REGISTRAR						REG. N	0		
	CEASED NAME	FIRST	٨	AIDDLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(IIIFE	CORPRINTS	VIOLA		AGNES	BOW	MAN	APRIL 25.	1982		12:45
3. SE	x Female	1	White		S. DATE C	25, DAY 1914 EAR	6. AGE (IN YEARS LAST BIT	YRS	IF UNDER ? YEAR	IF UNDER 24 H
7a. Bl	IRTHPLACE (STATE OF COUNTRY) Marylan		U. S.	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OF	R COUNT		
C	ity or town of D umberland	,	SACRE	D HEART	HOSPI	TAL	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF HOUSEWISE	OF WORKING LI	FE) INDUSTRY	Home
130. S	aryland	131 SOUNT		Cres apto		136 INSIDE CITY LIMITS?	13. STREET ADDRESS 14814 HOW	urd St	t.	
14. FA	Francis	M	IDDLE	McGetti	gan	IS. MOTHER'S MAIDEN NA Minimie	MIDDLE		Holts	hneide
16a V	VAS DECEASED EVE		NED FORCES? WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	Mr. John N.	McGettigan,	Eres Cres	aptown,	AQ231
	Conditions, if or gave rise to in couse (o), sto	mmediate ting the	(b)_	R AS A CONSEQUI		CAD a	CHF			
CATION	gave rise ta in couse (0), sto underlying cou	ny, which mmediate ting the se last. GNIFICANT CO	DUE TO, OF	R AS A CONSEQUE	ENCE OF	CAD ~ C		20b. IF YE	S, WERE FINDIN	IGS USED
RIFICATION	gave rise to in couse (o), sto underlying cou	ny, which mmediate ting the se last. GNIFICANT CO	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YE		IGS USED
CAL CERTIFICATION	gave rise to in couse (o), sto underlying cou	ny, which mmediate ting the se last. GNIFICANT CO	(b)	R AS A CONSEQUI DITRIBUTING TO I TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \)	20b. IF YE IN CERTII	S, WERE FINDING CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to it couse (o), sto underlying could part 2 OTHER SM 19a. DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING [IF EITHER NOTIFY ME 21d. INJURY OCCU	iny, which immediate thing the se last. GNIFICANT CO	DUE TO, OF	R AS A CONSEQUI DITRIBUTING TO I TION FOR WHICH FINJURY M. MONTH D.	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \)	20b. IF YE IN CERTII YE	S, WERE FINDING CAUSES	IGS USED OF DEATH?
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	gave rise to in couse (o), sto underlying could part 2 OTHER SM 190. DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING FEITHER NOTIFY ME 21d. INJURY OCCU WHILE AT WORK AT WORK AT WORK AT WORK AT WORK SW the december of the saw the december of the state of the saw the december of the saw the s	INTERIOR CONTROL CONTR	DUE TO, OR (c) DNDITIONS CC 19b. CONDT 21b. TIME OI HOUR A./ P./ 21e PLACE C (AT HOME STRI	R AS A CONSEQUI	DEATH BUT OPERATION AY YEAR 19 FARM EIC).	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 10d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO XX RED (ENTER NATURE OF INJU-	20b. IF YE IN CERTII YE IN CERTII YE IN TEM IB. I	S, WERE FINDING CAUSES ES PART 1 OR PART 2) COUNTY 19 22c. DATE	IGS USED OF DEATH? NO STATE
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DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the Ishauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours of

retained by the haspital ar ottending physicion.

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	nn 24 hours ofter	ly filled in by the f should be filed wit
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTICAND 2120	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direct should be detached for use as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
Action of the	e deoth certificate	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
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TO ALL ME	YSICIAN: The law	certificate has b viol-transit perm Aentol Hygiene pr
	ATTENDING PHY	CTOR: After this d for use os the b t. of Heolth and A
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician.	D FUNERAL DIRE

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DHMH - 16 50M 1/8) (VRA 15, 4)

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MF	FIRST	MIDDLE	ŁAST	2a DATE OF		MONTH	DA	Y	YEAR	7h HOUR	5

	ECEASED NAME FIRST	S ALVA	BOYCE	AST	APRIL 24, 1982	DAY YEAR 2b HOUL		
3. SE	X	1 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS		
10	Male	White	May	6, 1907	74 YRS	MONTHS DATS HOURS		
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT			
	Pa.	U.S.A.	WIDOWE		ALLEGANY COUN	ITY,		
	Cumberland	11. NAME OF HOSPITAL, NU SACRED HEA			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINES		
130.		rother institution Give residence b NTY neral Keyse	TOWN	13d. INSIDE CITY LIMITS?	13e. Street ADBRESS 500 arskad	on Lane		
	ATHER'S NAME Noah	Boyce Boyce		IS MOTHER'S MAIDEN NA LÜLU		oland		
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	03 242'	7 Leota Boy	500 Carskad ce Keyser, W	.Va.		
		nly one couse per line or a 1, (b ED BY: TE CAUSE (o)	horad	my Pailer	e	APPROXIMATE INTERV BETWEEN ONSET AND D		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO OR AS A CONSE	ssi he	Prengna C. Vy	4 ·			
LION	Frenions Shi	ioke. D	ialu	4. ASHD.	inal disease or condition GI	OMI -		
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATIO		YES NO X	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO		
	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY ST		
×	22e.1 certify that (1) (this hospital) attended the deceased from 417, 1982, to 424, 1982, that (1) (we) 1 sow the deceased alive on 424, 1982, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) we will did not view the body after death.							
W		(1	MS	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1225 DATE SIGNED		
W	22b. SIGNATURE SC	Jon dhi	L * A					
W				22e ADDRESS	ACE, FROSTBURG N	MARYLAND		

A LO DE LA LO MANAGEMENT OF THE PARTY OF THE Sing 5 Sonkley Later LATINS TRANS (BEAS) Spained to ment being and the service Insertice Laver to the service of the s I was a sing loose sower Keyser, approximations of the state of

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after di

retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physicion and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpopers: Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N		8 2	
	DECEASED NAME	FIRST		MIDDLE		AST	2a DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
<u></u>		THOMAS		OSFPH	BOY			1982		8: 45
3 5	SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		ONIHS DAYS	HOURS N
_	MALE		WHITI		JUI	NE 16 1905	76	YRS.		
7 a.	. BIRTHPLACE (STATE COUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	_		
	MT. SAVA		US		WIDOWE			ANY CO	UNTY	1
10.	CITY OR TOWN OF	DEATH		HOSPITAL, NURSING THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATI		126. KIND OF	FBUSINESS
	CUMBERLAN			ACRED HEA		SPITAL	RET MACHIN		TEXTII	E COR
130	SUAL RESIDENCE (IFF	13b COUN	OTHER INSTITUTION	13c. CITY OR TOW		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	MARYLAND	ALLI	EGANY	CUMBERLAI		YES NOX	RT#3 BOX 8	9 CUMB	ERLAND.	MD
14	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAST	
	PETER			BOYLE		MARY	TONER		LASI	
160	(YES NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
L	YES	WW.		217-10-6	6002	RUTH A. BOYI	E CUMBERL	AND, MD	N. Ma	
Г	18. CAUSE OF DE	ATH (Enter or	ly ane cause pe	r line for (a), (b), and	d (g)				APPROXIM BETWEEN O	MATE INTERVA
	PART I. DEATH	I WAS CAUSE	E CAUSE (a)	CV	1			250	10	A
	429	2	DUE TO . C	R AS A CONSEQUE	ENCE OF					
	Conditions, if o	Page 1	,	A-2	1000					
	Conditions, if C	iny, which	(b)_	KSC	VI			1014	10	n.
	gove rise to cause (a), st	immediate ating the	DUE TO, C	OR AS A CONSEQUE	ENCE OF				10	n.
	gove rise to	immediate ating the	(b)	OR AS A CONSEQUE	ENCE OF				10	n.
,	gove rise to cause (a), strunderlying co	immediate ating the use last	(c)_		**	NOT RELATED TO THE TERM	inal disease or con	DITION GIVE		/ .
TION	gove rise to cause (a), strunderlying co	immediote ating the use last	CONDITIONS C	ontributing to [DEATH BUT				N IN PART 110	
ICATION	gove rise to cause (a), strunderlying co	immediote ating the use last	CONDITIONS C	ontributing to [DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES,	N IN PART 110	GS USED
RTIFICATION	gove rise to cause (a), strunderlying co	immediate ating the use last	CONDITIONS COND	ONTRIBUTING TO D	DEATH BUT	n was performed	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES (GS USED
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	gove rise to cause (a), stunderlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY A 27d. INJURY OCC WHILE NO AT WORK 27a.1 certify that sow the dece obove. (4) (we	immediote pring the use last last last last last last last last	ISB CONDITIONS CONDITI	ONTRIBUTING TO E OTTION FOR WHICH OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURR	20a AUTOPSY? YES NO CENTER NATURE OF INJU CITY OR TO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES (COUNTY)	GS USED OF DEATH? NO STAT
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250. DATE REC'D.

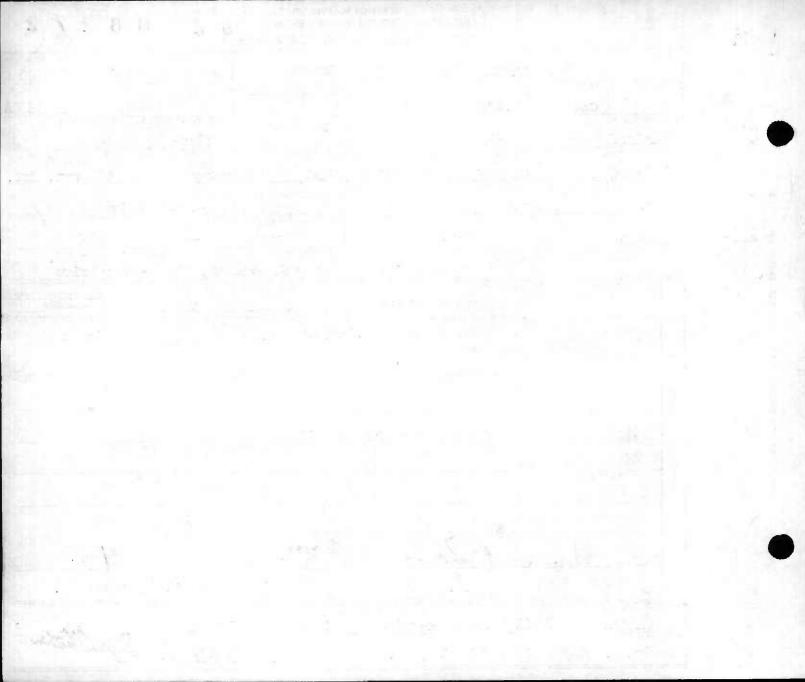
24 FUNERAL DIRECTOR 230 BALTIMORE AVE., LEASURE/STEIN FUNERAL HOME: CUMBERLAND, MD 21502

DHMH - 16 50M 1/81 (VRA 15, 4)

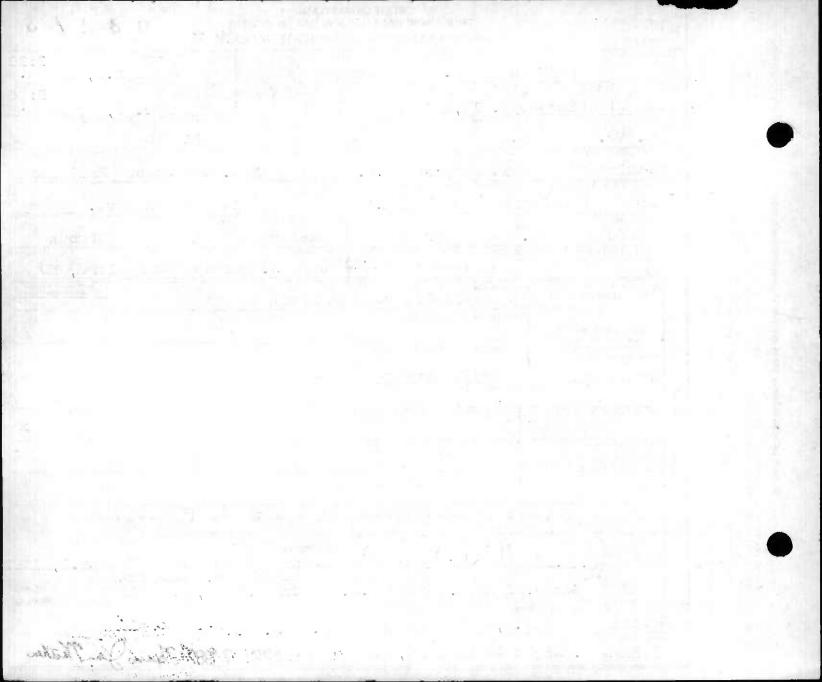
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STATE OF MARYLAND



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	1 -	FOR STATE REGISTRAR		CERTIFIC	ATE OF DE	ENTAL HYG	REG. N		8 2	74
		R PRINT) THUR	MOND OLIVER	CASSELL			2a DATE OF DEATH	MONTH D	23 82	0758 M
\	3. SEX	MALE	4 RACE WHITE	5. DATE OF MONTH	BIRTH DAY	YEAR 18	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
12	COL	THPLACE (STATE OR FOREIGN UNTRY) West Virginia	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED WIDOWED	NEVER MA	ARRIED	9 BALTIMORE CITY C			MD.
100 C		Y OR TOWN OF DEATH UMBERLAND	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Memorial Hos	ET ADDRESS)		TUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O RETD PRU	OF WORKING LIFE	INDUSTRY	f BUSINESS OR
Tarks T	13a.ST	MARYLAND AL		ERLAND		NO NO	13e STREET ADDRESS Rt #3- Bed	ford F	?d	
10 JC		HER'S NAME FIRST Oliver		sell]	Lee _	Ora		LAST Her	ndrick
medic	(YE	AS DECEASED EVER IN U.S. A S, NO OR UNKNOWN) (IF YES, GI Yes WW)	VE WAR OR DATES)				AL HOSPITAL AND MD			MATE INTERVAL
ior to burial, cremotion, or removal. y injury, or other troumatic event, the		Canditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT Dialula	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	UENCE OF				DITION GIVE		
shows ony	TIFIC	90 DĂTE OF OPERATION	196 CONDITION FOR WHIC				200 AUTOPSY?	IN CERTIFY		
	S S	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE WHILE AT WORK AT WORK	EAIR	DAY YEAR	RIF. LOCATION		ED (ENTER NATURE OF INJU		county	STATE
with the State Dept, of Health		saw the deceased olive o	J. Newer	82 ond	GREE AT	TENDING	MEDICAL STA	FF	22c. DATE 5	SIGNED
IMPO	23a. BL	RODUSTIANO J RIAL, CREMATION, REMOVA ECIFY)	L 23b. DATE 23c	NAME OF CEA	AETERY OR CE	REMATORY	23d. LOCATION CITY OR TOWN		erland.	STATE
1//6		Burial VERAL DIRECTOR NAME		04 Deca	tur St		rk Cumberl		Legany	

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- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	-4.77	CERT	IFICATE OF DEATH	REG. NO.		
I. DECEASED NAME (TYPE OR PRINT)	HARRY E	MIDDLE C	HAPMAN	APRIL 13,1	982	26 HOUR 6:20 A
3. SEX	4 RACE		EOFBIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 70	MONTHS DAYS	IF UNDER 24 HRS
PBIRTHPLACE TATE OR FO	US	WIDON		9 BALTIMORE CITY OR COUN Allegany	ITY OF DEATH	MD
CUMBERLAN	D MEMO	HOSPITAL, NURSING HOME	TAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PUrchasing Age	GLIFE) INDUSTRY.	F BUSINESS OR
W.Va.	COUNTY LINESTITUTION	134 CITY OR TOWN Keyser	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 125 Orchard S	St.	
14. FATHER'S NAME FIRST Timanus	MIDDLE Cha	ıpman	15 MOTHER'S MAIDEN NA	WE	Ritte	r
(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES. GIVE WAR OR DATES) WW II	166 SOCIAL SECURITY NO 577-09-8687		ADDRESS a Chapman, 125 Or	rchard St	t,Keyser
PART I. DE ATH WA	DUE TO, C which (b)	r line for (a), (b), and (c)) Congostwo OR AS A CONSEQUENCE OF	e heart fair ry Astery	lure. Lisease.	APPROX BETWEEN	MÅTE INTERVAL INSET AND DEATH
PART 2. OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION C	GIVEN IN PART 10	01

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

20a AUTOPSY? NOA 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T

HOUR A.M. MONTH DAY YEAR 19 21f LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

COUNTY STATE

sow the deceased olive on abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE

22a.1 certify that (1) (this hospital) attended the deceased from

NOT WHILE

DEGREE . D.

STREET

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) opinion death accurred on the date and hour and fram the couses stated

22c. DATE SIGNED 4.13.82

DR. YUSUF

210 ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER

22e ADDRESS

1945 SETON DRIVE CUMBERLAND, MARYL

AL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY OR CREMATORY
IFY)	April15,198	2 Potomac Mem. Gardens
DUTE I		- 1000mac mem. Gardens

234 LOCATION

Keyser

STATE

BP DHMH - 16 50M 1/81 (VRA 15, 4)

or other troumatic

CERTIFICATIC

MEDICAL

23a BUR

Then please

certificate has been

or attending physicio

of Health and Mental Hygiene prior to bur

shows

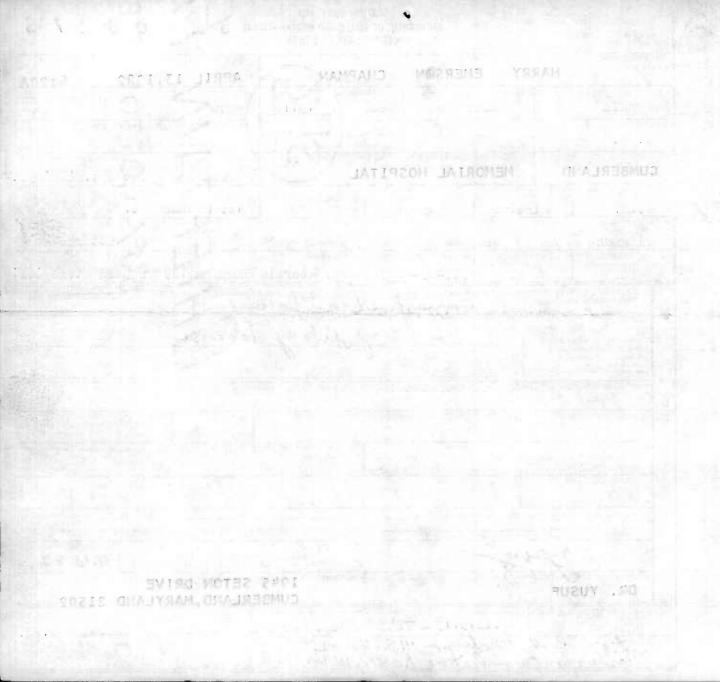
Item 18

IMPORTANT: If Item 21 is marked or

should be detached for use with the State Dept. of Heal

TO FUNERAL DIRECTOR:

as the buriol-transit permit.



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puo

1-	FOR - STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	IENE 8 2	4.0	8 2	7 6	
	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
	ALICE	JANE	CLSRI	ζ	APRIL 16	9:00 a			
3 SEX	× FEMALE 4	WHITE	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN	
a. Bi	IRTHPLACE ISTATE OR FOREIGN 71 OUNTRY) MD •	CITIZEN OF WHAT COUNTRY	? 8. MARRIE WIDOWI	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O ALLEGANY	R COUNTY (OF DEATH		
	RTON	NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE BOX 351		OR OTHER INSTITUTION	OTHER INSTITUTION 174 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSE WIFE				
130. S	AL RESIDENCE (IF NURSING HOME OR O	EGANY 13 BARTON		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		6		
14. FA	ATHER'S NAME FRNACIS	DDLE KYLE		15. MOTHER'S MAIDEN NAMERST	MAE MIDDLE		LA LJ	ST	
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V			ALVIN A.	ADDRE	ON MD	- 4		
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED AMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the	BY:	Socly JENCE OF	Mis ly	uzleour		APPRO) BETWEEN	KMATE INTERVAL ONSET AND DEATH	
z	PART 2 OTHER SIGNIFICANT CO	tc)ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	103	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?	
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF E)THER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH [P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	RT 1 OR PART 2)		
MEDIK	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE	
	22a. I certify that (I) (this hospital	ol) ottended the deceased from			to		9	that (I) (we) I	

DHMH-16 60M 1/73 (VR A 15 (4))

etoined by the

TO FUNERAL DIRECTOR: After this certificate has be should be detoched for use os the burial-transit permi with the State Dept. of Health and Mental Hygiene pri

MPORTANT: If them 21 is

226. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL 236. DATE 4/19/82

BOALS FUNERAL SERVICE, P.A. WESTERNPORT, MD.

sow the deceased alive on _____obove, (I) (we) (did) (did not) view the body-after death.

23c. NAME OF CEMETERY OR CREMATORY SUNSET MEM. PARK

DEGREE

ATTENDING

CUMBERLAND, MD.

CUMBERLAND ALLEGANY

MD .

22c. DATE SIGNED

26/82

APR 2 7 1982 Frame January

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22. ADDRES 925 BISHOP WALSH DRIVE

THE STATE STREET STREET 21 103 79 TO SELLA 1 - xxx 23 1, 23 1, 3 4, 4, 5 4 6 82

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

ar attending physician

etained by the haspital TO HOSPITAL

BP.

7	B	
-/		

STATE OF MARYLAND STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8

REGISTRAR							REG.	NO.			
DECEASED NAME	FIRST		WIDDLE	ĮĀ:	ST		2a DATE OF DEATH		DAY YEAR	2b HOU	R
20181411	THEODO	RE	JUL TUS	CL	AYTON		APRII 27	1082		6:45	5 P
SEX		4 RACE		5. DATE OF			6 AGE (IN YEARS LAST		IF UNDER TYE		
Male		Whi	te	Feb.	10	1902	80	YRS	MONTHS DA	YS HOURS	MIN.
BIRTHPLACE (ST	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER	MARRIED -	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
	Va.	US/	1	WIDOWED	A.	NORCED	ALLEGA	NY COL	UNTY		W
CITY OR TOWN C		11. NAME OF	HOSPITAL, NURSIN	G HOME OF	OTHER INS	TITUTION	120. USUAL OCCUPA			D OF BUSINE	SS OR
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176. DATE OF C	PERATION	198. CONE	ITION FOR WHICH	OPERATION	WAS PERFO	DKMED	200 AUTOPSY?	IN CERT	ES, WERE FIN IFYING CAUS ES	SES OF DEAT	H?
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	G CAUSE OF DE		.M. MONTH DA .M.								
21d. INJURY OF		21e. PLACE	OF INJURY		21f LOCATIO						
WHILE AT WORK	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE FA	ARM, ETC)	STREE	_	CITY OR	1	COUNTY	ST	TATE
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226 SIGNATU	P	any new the south	Silot dediti.	DI	EGREE				22c. DA	E SYCNED	> /
	11	1/1	ne			ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF ICIAN [7	1 4	1 /
22d. PHYSICIAN	Y'S NAME (TYPE	OR PRINT)			22e ADDRES	SS					_
RENATO	ESPINA	. M.D.	54	NO	907 9	SETON D	RIVE, CUMB	FRI ANI	MD 21	E02	
BURIAL, CREMAT							IVA VILLE COLID			1702	
forecast of	ION, REMOVAL		and the second		METERY OR	CREMATORY	23d. LOCATION				
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BLUCK EUNFFAL PLAGE	ial	Ant 3	and the second	khart	METERY OR	CREMATORY CUI 25a. DAT	23d LOCATION CITY OF TOWN	A	llegan	y Marij	ilas

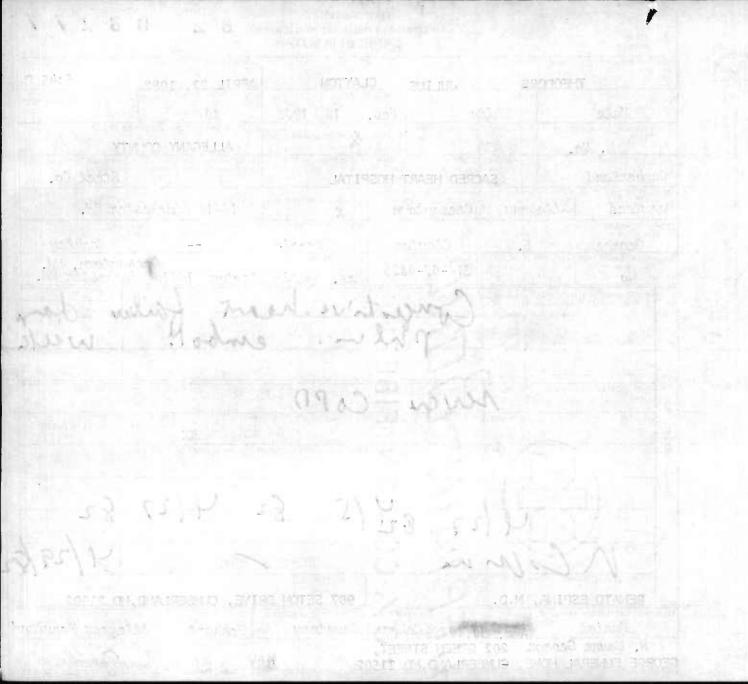
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral disshauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled within 72 hai with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical exam

GEORGE FUNERAL HOME, GUMBERLAND, MD 21502

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



	oge 4 may be	rector permit urs after team	
	n 24 hours ofter death. P	filled in by the funeral d hauld be filed within 72 ho	medical examiner must be natified at ance.
OFFICIAL STREET, AND THE STREET, AND THE STREET, BALLINGER, MARKENS CALLED	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director remove should be detached for use as the burial-transit permit. Then plass remove carbon papers. Pages 1 and 2 shauld be filed within 72 hours of with the State Dept, of Health and Mental Hygiene priar to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be hatfilled above.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The livering of the hospital or attending physician.	L DIRECTOR: After thi stached far use as the e Dept, af Health and	If Item 21 is marked a
	TO HOSPITA retained by	TO FUNERA shauld be de with the Stat	IMPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	0	8	2	7	
CERTIFICATE OF DEATH							

1-	FOR - STATE REGISTRAR			DE		EALTH AND MENTAL HY	GIENE & Z	O.	8 2	10
	CEASED NAME	FIRST		MIDDLE		LAST	26. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
	OR PRINT)	HAZEL		IMN		LEVER	APRIL 6		2	6:00P _M
3. SE	X	4	RACE		5. DATE (6. AGE (IN YEARS LAST BIE		ONTHS DAYS	IF UNDER 24 HRS
	emale		Whit		Ja		7	2 YRS		HOURS MIN.
7a. BI	RTHPLACE (STATE	TE OR FOREIGN 76	CITIZEN OF	WHAT COU	NTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
W	lest Vir	ginia	U.S.	Α.	WIDOWI				Allega	anv MD.
10. CI	ITY OR TOWN OF	DEATH II	I. NAME OF	HOSPITAL, N	NURSING HOME	OR OTHER INSTITUTION	126. USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
	CUMBERL			EMOR.		PITAL	Employe			ting Mill
USU/ 136. S	AL RESIDENCE (# STATE	13b. COUNT	THER INSTITUTION Y	13c CITY O	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Ma	ryland	Alleg	ranv		erland	YES NO	Route #3-	Bedfor	rd Rd	
	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	Dougo.		
	FIRST		DDLE		AST	FIRST	MIDDLE		LAST	
16n V	Robe	VER IN U.S. ARMI	ED FORCES?		nham L SECURITY NO.	Tillie	ADDR	ess Di		ears
	YES, NO OR UNKNOW							Rt 7		dford Rd
_	No			275-	03-4080	Mrs. Una G.	Robinette	Cumb	berland	
	18 CAUSE OF D	DEATH (Enter only	one couse per	line for (o),	(b), and (c).				BETWEEN C	MATE INTERVAL
	PARTI. DEA	TH WAS CAUSED I			CVA				1/1	h
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	couse (o),	stoting the	DUE TO, O	R AS A CON	ISEQUENCE OF					
	underlying c	ause last.	((c)							
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CERTIFICATION	190 DATE OF OP	ERATION	196 COND	ITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
RT	21a. ACCIDENT WA	S LINIDERIUM C	21b. TIME C	C INTITUDA		101 1101/1111101/0000	YES NO	YES	_	но 🗌
		CAUSE OF DEATH	110110 1	M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	IT I OR PART 2)	
CAL		MEDICAL EXAMINER)		M.	19					
MEDICAL	21d. INJURY OC	CURRED	21e. PLACE			21f. LOCATION	CITY OR TO		COUNTY	STATE
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	obove (1) v	ve)(Tdid) (did not)					death occurred on the di	ofe and hour o	and from the o	ouses stated
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	0	1/200	Lagra .		m	ATTENDING PHYSICIAN I	MEDICAL STA		66	285
	22d. PHYSICIAN	S NAME (TYPE OR P	RMIT	-		22e ADDRESS	_ DIRECTOR			
	DR. A	NTHONY	J. BC	LLIN)	955 FREDER	ICK STREE	T C	UMBER	LAND, M
23a B	SURIAL, CREMATI	ON, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
(Buri	al	Apr 1	2/82	Mansfi	eld Mem Park	Mansfield	d Richn	nond	Ohio
24 FL	JNERAL DIRECTO	64			1.01. De	catur St 250 DA	E REC'D. BY REGISTRAR	25h BEGISTR	AR SIGNATI	DRE
	NAME			ADI	DRESS 404 De	AD NA	R 1 2 1982	home	John!	las the
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death.

retained by the hospital or attending physician

FOR STATE REGISTRAR		DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8	2 REG. 1	NO.	0	8	2	7
1 DECEASED NAME	FIRST	WIDDLE	LAST	20 DATE C	OF DEATH	MONTH	DA	ίΥ	YEAR	2b HOUR

					REG. N	10.		
FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
MARY	EL	IZABETH	CL	JRTIS	APRIL 24,	1982		02:05 M
	4 RACE				6 AGE (IN YEARS LAST BI	RTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	White		Jul	. 17.1906	75	VPS	MONTHS DATS	HOURS MIN.
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DEATH				OR OTHER INSTITUTION				F BUSINESS OR
	SACRE	D HEART H	OSPIT	AL				home
13b COU	NTY	13c CITY OR TOW	N	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1513 Bed	ford	St.	
	WDO!	1167			ME			
	M.	Moran		Ella	R.			
		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ESS		
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		1750	N t	> + Cona	estier.			
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	DUETO	R AS A CONSEQUE	NCE OF					
use lost.	(c)_						S I Prov	
IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 110	
RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			
	of Land				YES NO			NO [
-			Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTERNATURE OF INJU	JRY IN ITEM T8.	PART I OR PART 2)	
		м.	19				Y	
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eosed ofive or	with body	ofter death.	, on	ad that in (my) (our) opinion	deoth occurred do the d	ote and hou	or and from the	couses stated
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	Sugar		15	PHYSICIAN	DIRECTOR PHYSIC		14/2	1/82
NAME	- ()	10		22e. ADDRESS			11	7-1
we	>x	400	1	912 SETON DE	RIVE, CUMBE	RLAND	, MD. :	21502
N, REMOVAL	236 BAE	23c N	TAME OF C	EMETERY OR CREMATORY	23d. LOCATION		a Audien	
	Apr2	7,1982 H	illc	rest Burial	P.Cumberl	and .	Allega	nv MD
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IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examinations

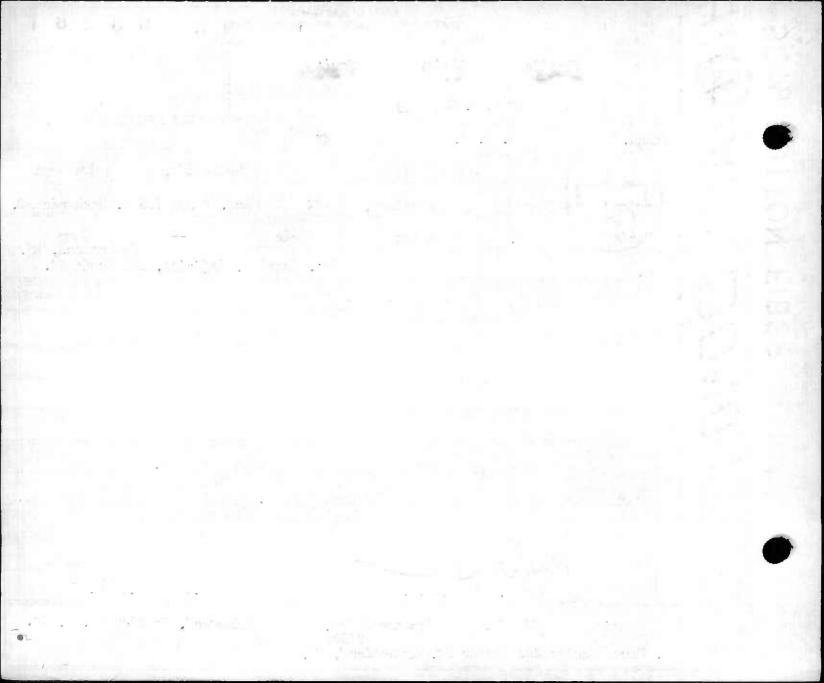
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3.	SEX			4 RACE		5. DATE	OF BIRTH	YFAR	6. AGE (IN	YEARS LAST BIR	THDAY)	ONTHS DATS	IF UNDER	24 HRS
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A	C	THPLACE (STATE DUNTRY) VIAPY AT Y OR TOWN OF			S.A.	TRY? 8 MARRII WIDOW	ED NEVER	MARRIED		_	Y COUNTY			MD.
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	o s	RESIDENCE (IF) ATE PYLAND THER'S NAME	13P CON	OTHER INSTITUTION OF A STATE OF A	13c. CITY OR		13d. INSIDE (CITY LIMITS?		ADDRESS Lloth	ian,	Md.		
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		18 CAUSE OF DE	ATH (Enter on	ly one couse	per line for (o), (b), ond (c).)) 0.	0		^	+		MATE INTER	DEATH
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3		PART 2 OTHER S		(c).	CONTRIBUTING	TO DEATH BU	NOT RELATE	D TO THE TERM	INAL DISEA	SE OR CON	DITION GIVE	N IN PART 1	0	
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		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	E OF INJURY A.M. MONTH P.M.		21c. HOW IN	NJURY OCCURE						
AEDICA!	MEDIC	VHILE NO		21e. PLAC	CE OF INJURY STREET, FACTORY, OF	FICE FARM, ETC.)	211 LOCATI	ION		CITY OR TO	wn	COUNTY	S	TATE
1		22a.1 certify that saw, the dec	(I) (this hospi	ACO	the deceased fr	-0.00	nd that in (my) (our) opinion o	, to	ed on the de	ote and hour		that (I) (v	
	ı	735 SIGNATURE	Man	Cle	Jul (W	18:	DEGREE	ATTENDING Z	MEDICAL	STA PHYSIC		27c DATE	SIGNED	2
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L	(5	IRIAL, CREMATIC PECIFY) Burial		23b. DATE 4/9/		Fbg . I		al Par	Fro	stbu	rgAll		Md	TATE
24	FUI	NERAL DIRECTOR	?		ADDR	ESS		25a. DATI	E REC'D. BY	REGISTRAR	DEPLOSTR	ARS SIGNA	URE	
D	UR	ST FUNER	RAL HOM	E 57 F	ROST AVE		TBURG,	MD APR	151	987	name	Charles and the same of the sa		
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	1-	FOR STATE REGISTRAR		STATE OF MARYLAND OF HEALTH AND MENTAL MINER'S CERTIFICATE	OF DEATH REG. NO.	281
(BE)		EASED NAME FIRST Theste	e Gladys	Davis	20. DATE KNOWN X MONTH OF ESTI- DEATH MATED 4	16 19 82 M
4000		emale White	May 9, DAY 892 REAR 80	BIRTHDAY) MONTHS DAYS HOURS	R 24 HRS. 26. DATE MONTH MIN. PRONOUNCED DEAD 4	16 1982 D M
PRES PRES PRES PRES PRES PRES PRES PRES	FO	RTHPLACE (STATE OR REIGN COUNTRY) 2NNA.	76. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED NEVER MAR WIDOWEDXX DIVOR		
15 Pare 150		TY OR TOWN OF DEATH Cumberland	11, NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI Memorial Hospi	DRESS)	120. USUAL OCCUPATION (TYPE OF WORK EGR MOST OF WORKING LIFE)	OR INDUSTRY
IF ANY DE 2, AND 3 RETA N SHOULD BALL RECOIDE NA RECOID	USUA 13a. Si	L RESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	DMISSION)	Apt. # 606 135 N.	Mechanic St.
	-	THER'S NAME Daniel	Middle Wilson	15. MOTHER'S MAIL	DEN NAME MIDDLE	Gumo
URS AFTER DEATH. B. GIVE PAGES 1, WITH FORM PM. IT. PAGES 1 AND 2. DINISION OF VITA.	{YI	VAS DECEASED EVER IN U.S. ARM			ADDRESS CUMB L O. Jeffries, 205 M	erland, Md. Japle St.
D BE EXECUTED WITHIN 24 HOURS ENDING" IN PENCIL IN ITEM 18. (WEDICAL EXAMINER ALONG WITHIN AS A BURIAL. "RANSIT PERMIT. ALTH AND MENTAL HYGIENE, DISCREMATION, OR REMOVAL.	7	Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	CAUSE (a) MULTIPLE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	injuries ENCE OF	PART 1 o	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	FICATION	19a. DATE OF OPERATION	19\$, CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY? YES ☑ NO ☐
ERTIFICATE SHOULING THE WORD." FED TO THE CHIEF FOR TO THE CHIEF SAHOULD BE USED SEPARTMENT OF HE PRIOR TO BURIAL,	MEDICAL CERTIFICATION	218. EXTERNAL CAUSE WAS UNDERLYING SKOR CONTRIBUTING CAUSE OF DI 214. INJURY OCCURRED	21b. TIME OF INJURY HOUR XXXMONTH DAY EATH 2 P.M. 4-16- 21e PLACE OF INJURY (ATHO	1982 Pedestrian s	RED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PAST TUCK by auto.	
WARDEI WARDEI PAGE 3 TATE DE	WE	WHILE NOT WHILE X	STREET, FACTORY, FARM, ETC.) STreet	Frederick St	t. All	Legany Md.
AL EXAMNER: HE CERTIFICATE HOULD BE FOR MAL DIRECTOR: ATH, WITH THE S E, MARYLAND,			af the remains described above, held locauses . Accident .	Suicide , Hamicide TITLE (SPECIFY)	Undetermined manner,	enian ED 4-17-82
TO MEDICAL EXECUTE THE PAGE 4 SHOI TO FUNERAL AFTER DEATH BALTIMORE, 1	-	EXAMINER'S NAME AT	in M. Dixon, M.D.	ADDRESS	1 Penn St., Balto., N	
PX & P & A BP DHMH-17 (VR A15 ME (5)) 15M 2/80	24 FU	JNERAL DIRECTOR		of cemetery or crematory ewood Cem. 21502 mberland, Md.	23d LOCATION KINGWOOD, Preston	Co. w. Va.



		CEASED NAME FIRST OR PRINT) ELLE		DAWSON	APRIL 11, 19	82 25 HOUR 5:05F
1		male	4. RACE 5. DATE Up	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 78	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
\$35		RTHPLACE (STATE OR FOREIGN		IED NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY Allegany	Y OF DEATH
Cotified		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH EACHITY GIVE STREET ADDRESS) - MEMORIAL HOSPI		126 USUAL OCCUPATION RECEIPTED WORKING LIE	12b. KIND OF BUSINESS OF
ad James De	130 S Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!	NTY 13c. CITY OR TOWN	13d. Inside City Limits? Yes 🙀 NO 🗌	13e STREET ADDRESS Barton Md. 219	521
/ O		THER'S NAME FIRST Patrick	Conroy	Anne Anne	MIDDLE Far	nnon (AST
medico		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECURITY NO. 212–38–7422	Mary Dudley	LaVale, Md.	21502
100000000000000000000000000000000000000	TION		DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BU			
Swo Swo	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATE		YES NO NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Sem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 Lack St. About 10 (4) (4)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) itol) ottended the deceosed from	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Ē		sow the deceosed alive on above, (1) (we) (did) (did no		and that in (my) (our) opinion	deoth occurred on the date and hou	19, that (I) (we) last or and from the couses stated 22c_DAJE SIGNED
em 21 is m		77b SIGNATURE	1 - 11	1 . / /	MEDICAL STAFF	THE DATE SIGNED
MPORTANT: If Item 21 is m		226. SIGNATURE	aluny		DRIAL HOSPITAL	1/11/02

To the second

First Application of the particle of the property and the

PETER MALMOS, M.D.

MEMORIAL HOSPITAL
OS, M.D. CUMBERLAND MARYLAND 21502

Auriel Lythy t. Michael Century to the Michael Mc W.

E, MARYLAND 21201 Total within 24 hours offer death. Page 1 may be completely filled in by the funeral different ingology and 2 should be filled within 72 hear mill fringing of examine must be notified a face.	1. DE (11/P) 3. SE 1 7a. B 10 C 13a.	- STATE REGISTRAR CCEASED NAME E OR PRINT) EDWARD X MALE IRTHPLACE (STATE OR FOREIGN COUNTRY LAND ITY OR TOWN OF DEATH CUMBERLAND ALRESIDENCE (IF NURSING HOME C XILAND ATHER'S NAME EDWARD	MIDDLE NMI A RACE WHITE TO CITIZEN OF WHAT COUN U.S.A. 11. NAME OF HOSPITAL, NI (IFNOI IN SUCH FACILITY GIVE SACRED HEA OR OTHER INSTITUTION GIVE RESIDENCE JINTY SANY MIDLAI MI	DO' S. DATE 121 ITRY? 8 MARRI WIDOW URSING HOME STREET ADDRESSIN RT HOSP TOWN	OR OTHER INSTITUTION	REG. N 20. DATE OF DEATH APRIL 4, 6. AGE (IN YEARS LAST BIR 67 9 BALTIMORE CITY C ALLECT 120 USUAL OCCUPATI TYPE OF WORK FOR MOST C LABOR ER 13e STREET ADDRESS PARAD IS B ME	MONTH DAY YEAR 26 HO 1982 RIHOAY) WONTHS DAYS HOURS PRECOUNTY OF DEATH GANY COUNTY, ION IZE KIND OF BUSIN DE WORKING LIFE) INDUSTRY TI
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, G. PHYSICIAN: The law requires that the death certificate be executed the physician and cast the burial-transit permit. Then please remave carbon papers. Pages I and Mental Hygiene prior to burial, cremation, or remaval.	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE OF DEATH WAS CAUSE OF DEATH WAS CAUSE IMMEDIAL CONDITIONS If only, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 216-09 DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 216. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF	T NOT RELATED TO THE TERM ON WAS PERFORMED 1216 HOW INJURY OCCUR	AINAL DISEASE OR CON	PARADISE ST., APPROXIMATE IN BETWEEN ONSET AN BETWEEN ONSET AN

FUNERAL DIRECTOR: After this certificate should be detached for unit the State Dept. of He BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

marked or Hem 18

23a. BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 4/7/82

22b. SIGNATUR

saw the deceased alive on

22a I certify that (I) (this haspital) attended the deceased from

above, (I) (we) (did) (did-not) view the body after death.

23c NAME OF CEMETERY OR CREMATORY FROSTBURG MEM. PARK

DEGREE

BMG-912 SETON DRIVE, CUMBERLAND, MD 21502

STAFF

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

FROSTBURG, ALLEGANY, MD.

22c. DATE SIGNED

that (I) (we) last

256. REGISTRAR'S SOWERS FUNERAL HOME 60 W. MAIN ST., FROSTBURG,

21532

ATTENDING

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		CEASED NAME OR PRINT)			WIDDLE			LAST			2a. DATE OF	KNOWN ESTI-		MONTH	DAY	YEAR	2b. HOUR
1			Jame		Dy							MATED		4-28		82	7A M
	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE	NCED	A	HINON	DAY	YEAR	2d. HOUR
NO.		le	White	Feb. 18,1	912	70 YR	S.				DEAD	**	pr.	28		82	ĕA μ
23	FO N	RTHPLACE (S REIGN COUNTRY) larylan	d.	USA	IAI COUN	ITRY?	MARRI	ED NE		RIED 🗆	9. BALTIA	lega	-	COUNTY	OF DE	ATH	AAD
	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS			OR OTH	ER INSTITU	TION	12a USU	JAL OCCU	PATION	TYPE OF	F WORK :	26 KIND	OF BUS	
10		umberl		823 Virg						Re	tired	Car	man			lros	
35	13e. S	ld.	Alle		13c. CITY	OR TOWN		13d. INSIDE (NO [EET ADDRI		ia	Ave.			
	14. FA	THER'S NAM		MIDDLE		LAST		F	FIRST	DEN NAME	A	AIDDLE		-	LAS	т	
Щ	14- 14	VAS DECEASE	James H.		Iv. 500	IAL SECURITY	, NO	Be 17. INFOR/		M. WI	norre	11 ADDR	FCC				
1	(Y	ES, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)							T 11			-			
		Yes	War			-0 <i>5</i> - <i>5</i> 23	2	Mrs	· Pai	mela .	J. WI	ignu	sma	n, Da		er DXIMATE	DIVED VAL
		PART I D	EATH WAS CAUSE		far (a), (b)), and (c).)	1.	110							BETWEE	N ONSET	AND DEATH
REMOVAL		121	IMMEDIA	TE CAUSE (o)	AS A CON	SEQUENCE C)F	2		1		,	-				
EW			ons, if ony, which	1	West	MA	20	in	11	ula	111	Li	11	ž			
			ise to immediate i) stating the <u>under-</u> use last,	DUE TO, OR	AS NEON	ISEQUENCE C	evi	tie h	lea	la	lad	iae	l	4			
CKEWATION	NOI	PART 2 DTHER S	ignisicant conditions	CONTRIBUTING TO DEATH	OUT NOT RELA	ited to the termi	NAL DISEASE	DR CONDITIO	N GIVEN IN P	PART I 10	ul	l.					
10	CERTIFICATION	19a. DATE OF	FOPERATION	19b. CONDIT	ION FOR	WHICH OPER	TION W	AS PERFOR	MED?	/					20 AUT	OPSY?	
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3		UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF		. MONTH	DAY YEAR	21¢ HC)W INJURY	OCCURR	ED (ENTER)	NATURE OF IN	JURY IN ITEM	A 18 PARI	T I OR PART	2)		
	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE [AT WORK	21e PLACE C STREET, FACT				TATION TREET			CITY OR TO	WN		COUN	NTY		STATE
MARYLAND, 21201		22a. I cert	ify that I toak charg	ge af the remains des	cribed aba	ive, held an	Autaps	у 🔲.	Inspection	an X,	Inquiry	X	and in	n my apir	nian		
		death result	ted from: Natur	rol couses X,	Accident	, Sui	cide .	Homic	cide .	Undet	ermined m	anner [],				
		ACTUAL SIGNATURE	Tuch	olas Ce	ia	will	5 M	D	PECJEY)	11 MED	- ICAL EXAM	AINER		DATE SIGNED	4	-2/	7-82
SALE MOKE, M		EXAMINER'S (TYPE OR PRI	INI)	Nicholas				ADDRESS_		ed Hea		ospi	tal	, Cum	berl	and,	Md.
. 60	23a.Bl	Buri Buri	TION, REMOVAL	May 1.198		NAME OF CEM				CITY	OR TOWN	l and	Α.	COUNT	Y	STA	TE
	24. FL	INTERAL DIRECT	CTOR							REC'D. BY	REGISJRA	R 1256. RI	ECASTE	TTES	any	CANCEL OF	Nov.
)		NAME	James F.	Scarpelli	, Cur	nberlan	d, M	d.		AY	3 19	87	Ma	me	ly seemed	100	

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	he low requires that the death certificate be executed within 24 haurs after death	
	requires that the death certi-	
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The low	retained by the hospital or attending physician.
	TO HOSPIT,	retained by

age 4 may be

	1.	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	0.	8 2	
		CEASED NAME FIRST E OR PRINT) GEORG	E EDW	ARD E	ISENT	ROUT	20. DATE OF DEATH APRIL 20		Y YEAR	2b. HOUR 2:1
	3. SE	Male	4 RACE Whit	te	5. DATE (711/1887EAR	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24
3000		IRTHPLACE (STATE OR FOREIGN COUNTRY) Penna	U.S.	• A •	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF ALLEGANY			
52		Cumberland	SAC	RED HEART	HOSP	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired	OF WORKING LIFE)		OF BUSINES
age of the second	13a. S	AL RESIDENCE (IF NURSING HOM STATE 13b. CC	e or other institution DUNTY	ogive residence before 13c. CITY OR TOW Midlan	N	YES 🔀 NO 🗌	13e. STREET ADDRESS Baradis	eiStne	e t ut	eno-,
10		George	WIDDLE	Eisentro	out	Margare		E	ngle	ST
medical		WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAŁ SECU	RITY NO.	17 INFORMANT Bessie Eis	entrout	Midla	and.	Md
ner traumatic		Conditions, if ony, which gave rise to immediate couse (a), stating the	(b)_	OR AS A CONSEQUE	NCE OF	zed atherose	berosis.		y e	eqrs
any injury, ar ather traumatic	CATION	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	DUE TO, COLOR (c)	OR AS A CONSEQUE	ENCE OF		Merosis.	20b. IF YES,	vere FINDI	Seese.
B shows any injury, ar ather traumatic	AL CERTIFICATION	gove rise to immediate couse for, storing the underlying couse lost. PART 2 OTHER SIGNIFICAN Cerebro Va. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, C (c) NT CONDITIONS C 19b. COND 19b. COND 19b. TIME C HOUR A	OR AS A CONSEQUE CONTRIBUTING TO E OF TO THE CONTRIBUTION FOR WHICH OF INJURY A.M. MONTH DA	PEATH BUT	not related to the term	INAL DISEASE OR CON Hacks Chi 200 AUTOPSY? YES NOW	20b. IF YES, Y	WERE FINDING CAUSES	Seese.
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m 21 is marked ar Item 18 shaws any injury, ar ather traumatic		gove rise to immediate couse for storing the underlying couse lost. PART 2 OTHER SIGNIFICAN Cerebre Va. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFETHER, NOTIFY MEDICAL EXAM. 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this has say the deceased alive the deceased of the page of the country of the deceased of the page of the country of the deceased of the page of the country of the deceased of the page of the country of the deceased of the page of the country of the deceased of the page of the country o	DUE TO, C (c) ST CONDITIONS C 19b. CONE 19b. CONE 21b. TIME C HOUR A HOUR A (AT HOME, S	OR AS A CONSEQUE CONTRIBUTING TO E CONTRIBUTING T	ENCE OF CALLE ENCE OF DEATH BUT CHALLE OPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 78 and that I (my) our) Opinion of	INAL DISEASE OR CON Hacks Chi 200 AUTOPSY? YES NOW CITY OR TO	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDING CAUSES T OR PART 2) COUNTY	NGS USED NO STA
ANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic		gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICAN Cerebro Va. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOT IFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a, I certify that (I) (this had sow the deceased alive that it is not while could be sow the deceased alive that it is not while could be sow the deceased alive that it is not while could be sow the deceased alive that it is not while could be sow the deceased alive that it is not while could be sow the deceased alive that it is not while could be sow the deceased alive that it is not while the deceased alive that the deceased al	DUE TO, C (c) NT CONDITIONS C 19b. CONE 19b. CONE 21b. TIME of HOUR A HOUR A (NER) 21e. PLACE (AT HOME, S spital) ottended 1	OR AS A CONSEQUE CONTRIBUTING TO E CONTRIBUTING T	ENCE OF CALLE ENCE OF DEATH BUT CHALLE OPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 78 and that I (my) our) opinion of the performance o	INAL DISEASE OR CON Hacks Chi 200 AUTOPSY? YES NOW CITY OR TO	20b IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	were FINDING CAUSES TI OR PART 2) COUNTY and from the	NGS USED SOF DEATH NO tho couses store SIGNED
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DHMH - 16 50M 1/81 (VRA 15, 4)

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completely filled in by the funeral 1 and 2 should be filed within 72 h

executed within 24 hours after di

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN; The low etoined by the hospital or attending physician.

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical exam TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cor should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR
STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	0	8	13	8	6
(fine)			E.w		-

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDOLE	LAST	20 DATE OF DEATH MON	TH OAY YEAR 26 HOUR
1	THOMAS	WILLIAM	FARRELL	APRIL 6, 1982	12:45 R
3.	SEX	4. RACE	5. DATE OF BIRTH ·	6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	February 9, 193:	3 49	YRS. DAYS HOURS MIN
30.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
L	Maryland	USA	WIDOWED DIVORCED	ALLEGANY CO	NUNTY MD
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR	
	Cumberland	SACRED HEART		State High	way, Superviso
13	SUAL RESIDENCE (IF NURSING HOME OF STATE 136. COU	NTY 13t. CITY OR TO		13e STREET ADDRESS 815 Shriv	ver Ave.
14	FATHER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDEN NA		H M H H H H H H
	T. Raymond		rell Elizabe	eth R.	Reitz
160	. WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS	
		ean Con 215-2	6-9784 Sarah G.	Farrell Cu	mberland Md
NO		DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TERM	ainal disease or conditic	ON GIVEN IN PART 110
CEDTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
	00 00 100 100 100 100 100 100 100 100 1		DAY YEAR	RED (ENTER NATURE OF INJURY IN IT	TEM 18 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	yow the deceased alive or	oitol) attended the decayed from in the body after death.		death occurred on the date o	nd hour and from the couses stated
	22d PHYSICIAN'S NAME (TYPE		PHYSICIAN II	DRECTOR PHYSICIAN	1111
1	WAYNE SPIGGLE,	M,D, ()			BERLAND, MD 21502
23	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	17 U.L. J. Cl. 1	1811 7 19878	WWW I - SD MOTORS	I man li la sombo	277 27

309 DECATOR STREET

CUMBERLAND MD 21502

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funantial director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 haurs at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, for removal.

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Ĺ	STATE REGISTRAR CEASED NAME	FIRST	WIDDLE	CERTIF	ICATE OF DEATH	REG. N		Y YEAR 2	b. HOUR
	OR PRINT)	Pearl	A	Ferre		4/13/82	MONIA	1 TEAR 2	4;45
3. SE)	emale	4. RACE	nite	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BI			HOURS
(RTHPLACE (STATE OR F COUNTRY)	Ar	of what countr nerican	MARRIE		9 BALTIMORE CITY C	any	W	
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13a. S Ma	ryland ATHER'S NAME	135 COUNTY Allegany	13c. CITY OR TO	OWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Circle		
	JOHN	WIDDLE	WINT	लह	CLARA	WIDDLE		KERR	
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCE			MR JOHN E	^FA	OSTBU STAR	RG, MD	
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DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL

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STATE OF MARYLAND

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CERTIFIC	ALE OF DEATH		REG. NO.		
1. DECEASED NAM (TYPE OR PRINT)	I SHMAEL	ALFRED	FILER		APRIL			2b. HOUR 7:10A
3. SEX MAI	4. RAC	HITE	5. DATE OF E	3. 1907	6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (COUNTRY) MARYLA	STATE OR FOREIGN 76. CIT	S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE ALLE	CITY OR COL	INTY OF DEATH	MD
CUMBER	LAND	AME OF HOSPITAL, NURS	HOSPIT				ING LIFE) INDUSTRY	CLANESE
MARYLAND 14 FATHER'S NAMI FIRST WII	An in particular designation of the contra	Y FROSTE LAST FILER	URG 13	1. INSIDE CITY LIMITS? ES NOTHER'S MAIDEN N FIRST FRANCES	ROUT		BOX 139	
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gove rise couse (o), underlying PART 2. OTH	if any, which	(b) USP	HENCE OF A	T RELATED TO THE TE	quad	OR CONDITION		°Y Pak Cl
19a. DATE OF	OPERATION 19	CONDITION FOR WHIC	CH OPERATION V		20g AUTOP	SY? / 10b. I	VES, WERE FIND IN ERTIFYING CAUSES YES	NGS USED
OR CONTRIBUT	ING CAUSE OF DEATH OTHER MEDICAL EXAMINER) OCCURRED 216	b. TIME OF INJURY HOUR A.M. MONTH P.M. P.M. PLACE OF INJURY HOME. STREET, FACTORY, OFFICE	72 19 8 2	Fell off	a truck	RE OF INJURY IN THE	MIB. PARTITION PART 2) Particed COUNTY	Much)
22a. I certify sow the	that (I) (this hospital) att deceased alive an I) (we) (did) (did not) view	19	, ond t	not in (my) (our) opinion	MEDICAL	STAFF PHYSICIAN	hour and from the	that (I) (we) lost couses stated SIGNED 30-82
	AUGUSTO F		707 18	MEMORIAL	HOSPIT	AL MED	ICAL BU	ILDING

23c. NAME OF CEMETERY OR CREMATORY

FBG. MEMORIAL PARK

of Health and Mental Hygiene prior to burial, cremation,

for use as the buriol-transit permit. The After this certificate has been

> RURTA -DURST FUNERAL HOME, FROSTBURG, MD.

1982

23b. DATE

23a BURIAL, CREMATION, REMOVAL

23d LOCATION
CITY OF TOWN
FROSTBURG, MD.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached with the State Dept. I SHMARE ALFRED FILER APRIL 25, 1912 7:10A and the state of t CUMBERLAND HEMORIAL HOSPITAL SEE DU TOLEGO SUBSTOR STORE AND REPORTED MEROPIAL MEDICAL REDICAL RELIGIONS 11. 25, 1912 Inc. 2122 I 7425 E 2, 20. there are the second with the second second to the second

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ATTENDING PHYSICIAN:

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AND CERTIFICATE OF		PIENE 8 2	0	8	2	9	0
1. DECEASED NAME	FIRST	MIDDLE	LAST		2a DATE OF DEATH	MONTH	DAY	YEAR	26. HOU	R
(TIPE OR PRINT)	MARSHAL	L LEE	FLETCHER	SR.		4	14	82	1041	/
3. SEX		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
			MONTH DAY	YEAR		- 1	MONTHS	DAYS	HOURS	MIN
MALE		WHITE	JAN 13	1909	73	YRS				
To BIRTHPLACE (STAT	E OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DE	ATH		
Maryland		UNITED STATES	S WIDOWED D	NORCED [ALLEGAN	Y COUN	TY			MI
10 CITY OR TOWN O		1). NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	ADDRESS)	TITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST			USTRY	F BUSINE	SS OR

	rvland		ED STATES WIDOW	ED DIVORCED	ALLEGANY	COUNTY	MD
10 C	ITY OR TOWN OF DEA		HOSPITAL, NURSING HOME (CH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF OF WORK FOR MOST O		ND OF BUSINESS OR
	CUMBERLAND		RIAL HOSPITAL		Foreman		extile
13a.		ING HOME OR OTHER INSTITUTION 13b COUNTY ALLEGANY	N. GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN FLINTSTONE	13d INSIDE CITY LIMITS?	RT 2 BOX	68 FLINT	STONE, MD
	ATHER'S NAME FIRST	WIDDLE	Fletcher	15. MOTHER'S MAIDEN N FIRST Nora		, ,	Imes
	WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 214-07-1999	17 INFORMANT Mrs. Ada C.	ADDRE	Flintston	Box 68
CERTIFICATION	PART I. DEATH W 4/0 O Conditions, if ony, gove rise to imm couse (a), statin underlying couse	DUE TO, C which (b) bediote g the lost (c) WIFICANT CONDITIONS C	OR AS A CONSEQUENCE OF		us	BETW	NDINGS USED
CER	21a. ACCIDENT WAS UND		OF INJURY		JRRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART	(2)

19a DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION	WAS PERFORMED	20a AUT		20b. IF YES, WERE FINDING CAUSES	
				YES 🗌	NO	YES 🗍	NO 🗌
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURRED) (ENTERN.	ATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR					

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY

NOT WHILE WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from

sow the deceased alive-on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Elder Memorial Hos Med Cumberland. Thaddeus H

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY

Apr 17/,82 Hillcrest Burial Park Cumberland Allegany Maryland Burial APR 19 1982 24 FUNERAL DIRECTOR 404 Decatur St Silcox-Merritt Funeral Service, Cumberland, Md

(VR A 15 (4))

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DHMH - 16 50M 1/76

FUNERAL DIRECTOR:

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2	24	completely filled 1 and 2 should b	5		1 4	Garrett	Accide
7	within	sho sho	Name of Street, or		THER'S NAME	Jalle C.	_ Accade
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5		cior ers. I.	200	-	18 CAUSE OF DEATH (Ent	-	
RECORDS, 201 W. PRESTOR	ie low requires that the death certificate	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical	7	CERTIFICATION	PART I. DEATH WAS CA	AUSED BY: DIATE CAUSE (o DUE TO te Color of the color	O, OR AS A CONSEO O, OR AS A CONSEO O, OR AS A CONSEO
ON OF VITA	ATTENDING PHYSICIAN: The sspitol or offending physicion.	TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prior MPORTANT: If them 21 is marked or Item 18 show only	9	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EXA 216 INJURY OCCURRED	MINER) HOUR	AE OF INJURY A.M. MONTH P.M. CE OF INJURY
DIVISI	or offer	os the lith and orked	1	W	WHILE NOT WHILE AT WORK	(AT HOM	E, STREET, FACTORY, OFFICE
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	O 9	FUNERAL DIRECTOR: uld be detoched for us, the Stote Dept. of Hee ORTANT: If Item 21 is r			22b. SIGNATURE	M	elian
	HOSPITAL	NE Se STA	2	-	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	
	O HO etoine	hould with th			JOHN MEHAN	NA M.D.	
	- 5	- v > =		23a B	LIRIAL CREMATION DEMO	WAL TOO DATE	122

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2	0	8	2	9	
CERTIFICATE OF DEATH		REG. NO.					

FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	GIENE 8 2	0	8 2	7	1
1. DECEASED NAME	FIRST		WIDDLE		AST	2a DATE OF DEATH	MONTH D	AY YEAR	26 HOL	JR
(TIPE OK PRINT)	SHERMAN	4	GILBERT	FR	AZEE	APRIL 2	2.1982		5:2	4 PM
3. SEX	4 RA	ACE		5. DATE O		6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER	
Male		White	9	Sep		70	YRS.	ONTHS DAYS	HOURS	MIN,
M. BIRTHPLACE (STATE C	OR FOREIGN 76 C		WHAT COUNTRY?	8		9 BALTIMORE CITY	11101	OF DEATH		
Maryland		USA		WIDOWE	DE NEVER MARRIED U	ALLEGAN	Y COLINT	ry		MD.
10. CITY OR TOWN OF D		NAME OF		G HOME C	OR OTHER INSTITUTION	12n USUAL OCCUPA	TION	126. KIND O		
Cumberland	X	SAC	RED HEART	HOSP	ITAL	Timberman	OF WORKING LIFE	INDUSTRY Timb	er	
130. STATE Maryland	IRS FOR OTHER		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Acciden		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	1	Box 21)	
14 FATHER'S NAME	MIDDI		LAST		15 MOTHER'S MAIDEN NA			1770	1	
Perry	MIDDE		Frazee		Mary	Eller	1	Fishe		
160 WAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT (Wid	OW) ADDI	RESS Box			
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	212-32-80	081	Lourine A. F		ident,	Md. 21	520	
Conditions, if or gove rise to in couse (o), sto underlying cou	ny, which mmediote ting the se lost. GNIFICANT COND.	DUE TO, O (b) DUE TO, O (c) OITIONS CO	ITION FOR WHICH	INCE OF	Cachori NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	VGS USEI	D TH?
	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAI	RT 1 OR PART 2)		
(IF EITHER, NOTIFY ME 216 IN JURY OCCU WHILE NOTIFY AT WORK AT W	WHILE O	(AT HOME, STR	OF INJURY REET, FACTORY, OFFICE FA	ARM ETC }	21f. LOCATION STREET	CITY OR I	OWN	COUNTY	5	STATE
220.1 certify that sow the dece above, (I) (we) 22b. SIGNATURE		4-2	2 19 8		nd that in (my) (our) opinion	, to				oted
()(8	ne	laun	a	M -D ATTENDING	MEDICAL STA	AFF ICIAN []		23 -C	
22d. PHYSICIAN'S	NAME (TYPE OR PRIN	T}	m Te la		22e ADDRESS					
JOHN M	EHANNA M	.D.			909-B SETC	N DRIVE CU	MBERLAN	ID, MD.	2150	12
230. BURIAL, CREMATION		DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY		STATE
Burial	A	pr.25	5,1982 Zic		U	Accident	•		d.	
24 FUNERAL DIRECTOR	MAN FUNEI	THE H			VILLE, MD. 250. RAI	R 2 0 1982	R 25b. REGISTR	AR'S SIGN	Masce	ir.

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	FOR STATE REGISTRAR			DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8	2 REG. NO). O.	0 8	3 2	9	2
	DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF	FDEATH	MONTH	DAY	YEAR	2b. HOL	JR
Ľ	TIPE OR PRINT)	CHARI	LES	Ρ.	GAS	STER	APR	RIL 1	.0,	198	2	6:	05R
3. Fi	Male Male		4 RACE	au.		OF BIRTH 28/02 YEAR	6. AGE (INY	'EARS LAST BIR'	THDAY)	MONI	DER I YEAR	IF UNDER	MIN.
Jan Jan	Pennsylvan	orforeign ia	76 CITIZEN O	F WHAT COUNTRY?	8 MARRIE WIDOW	ED KKNEVER MARRIED DE DIVORCED	9 BALTIMO	legan		NTY OF	DEATH		MD.
10	CUMBERL		IF NOT IN S	UCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	Sales				No. KIND C NOUSTRY ULTI		ESSOR
13	eual RESIDENCE (IFN Bi STATE ennsylvani	135 COUN	ITY	130 CITY OR TOW Hyndman		13d INSIDE CITY LIMITS?	13e STREET	ADDRESS					
-	FATHER'S NAME elley Etso	n Gaste	MIDDLE	LAST		15. MOTHER'S MAIDEN NA Cora Dorn	ME	WIDDLE			LAS	ī	
16	WAS DECEASED EV (YES, NO OR UNKNOWN)		MED FORCES E WAR OR DATES)			17. INFORMANT Ins. Annelee	W. Gas	ADDRE		lman	Pa.	15	545
MOITO DISTRIBUTION	Conditions, if o gove rise to couse (o), sto underlying co	ny, which immediate biting the use lost	DUE TO, DUE TO, DUE TO, CONDITIONS	President FOR WHICH	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM WILL RELATED IN WAS PERFORMED	AINAL DISEASI 200 AUTC	E OR CONT OPSY? NO	20b. IF IN CER	YES, WE STIFYING YES [N PART 1111 REFINDING CAUSES	CY IGS USED	D TH?

IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21f. LOCATION STREET 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC) CITY OR TOWN COUNTY STATE

NOT WHILE 220.1 certify that (this haspital) attended the deceased from sow the deceased alive or obove, (1) (web (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

HOSPITAL MEDICAL BLDG. 21502 CUMBERLAND, MARYLAND

23c. NAME OF CEMETERY OR CREMATORY Iyndman Cemetery

zw location lyndman, Bedford, Pennsylvähia

DHMH - 16 50M 1/B1 (VRA 15, 4)

nd by detached for use as the burial-transit permit. Then please remave carbon pape the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

morked or Item 18 shows

MPORTANT: If Item 21 is

MEDICAL

Burial

TO FUNERAL DIRECTOR: After this certificate has been signed by the

attending physicia

OR ATTENDING

HOSPITAL

etained by the hospital

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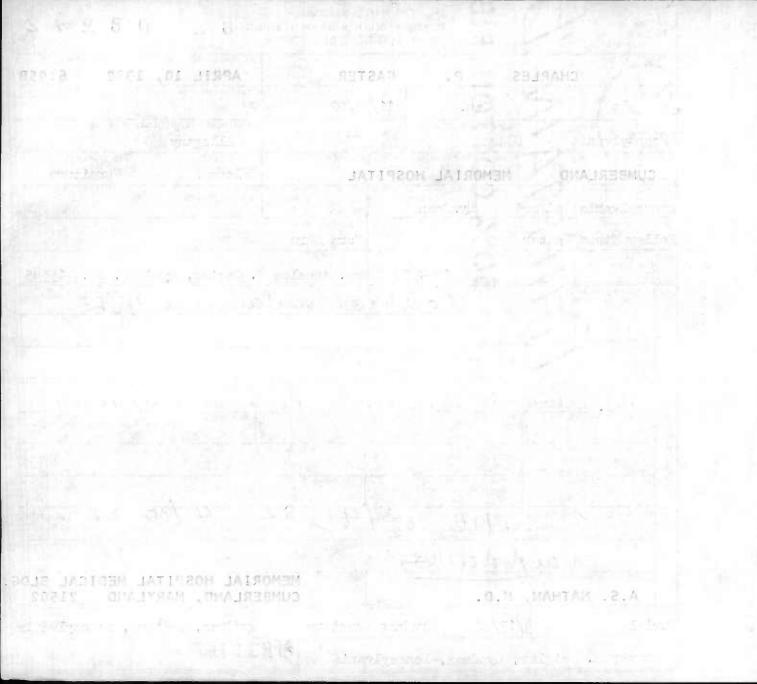
24 FUNERAL DIRECTOR Harvey H. Zeigler, Hyndman, Pennsylvania

136. DATE 1/13/82

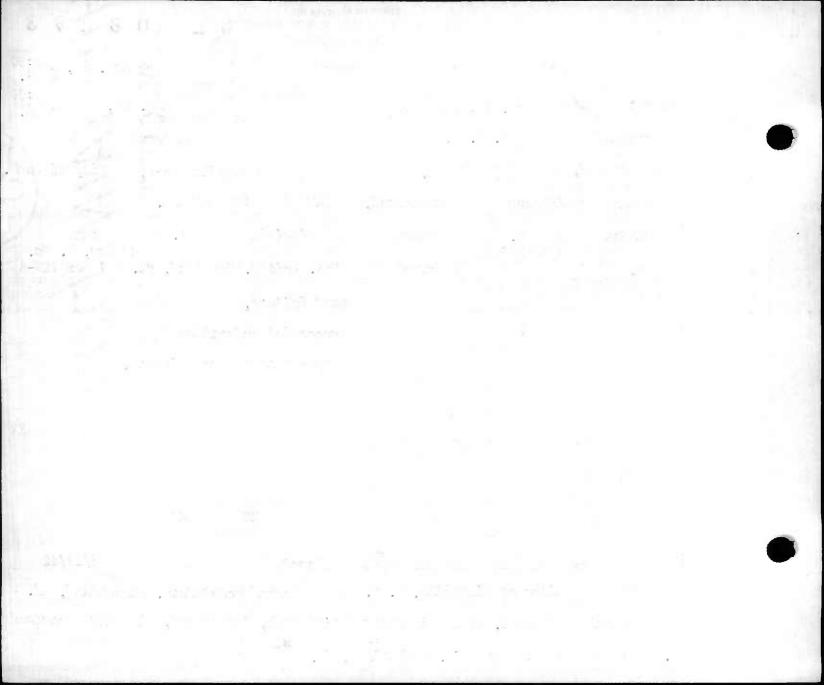
A.S. NATHAN,

230 BURIAL, CREMATION, REMOVAL

9 BYRG BIFTAR THE REGISTRAR SIGNATURE



STATE OF MARYLAND



DECRASED NAME FEST MODEL	1	1.	FOR STATE		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	SIENE 8 2	0 8	294
WALTER ROOSEVELT GORDON APRIL 19, 1982 11:25 WALTER ROOSEVELT GORDON APRIL 19, 1982 11:25 WALTER ROOSEVELT GORDON APRIL 19, 1982 11:25 TOTAL CONTROL OF BRITH ALLEGANY COUNTY OF BRITH CUMberland, SACRED HEART HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OR TOWN OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OR TOWN OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OR TOWN OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OR TOWN OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OR TOWN OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OR TOWN OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OR TOWN OF OTHER HOSPITAL ASSUMPTION OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OF OTHER HOSPITAL NURSING HODGE OF OTHER INSTITUTION IT BUT OF OTHER HOSPITAL NURSING HODGE OF OTHER HOSPITAL ADDITION HOSPITAL HOSPITAL HOSPITAL HOSPITAL ADDITION HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL ADDITION HOSPITAL HOSP	0	I. DE			MIDDLE					AR Zh HOUR
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TO STORY OF DEATH The Cumberland, The American Companies The Companies	2					8 MARRIED	□ NEVER MARRIED □	_	OR COUNTY OF DEAT	Н
BY AND ALESDENCE (FRANSON ON COURS POLITIVE COUNTY OF THE CAUSE OF DEATH FOR CAUSE OF DEA	by the fu	10 C	ITY OR TOWN OF DEATH	(IF NOT IN S	UCH FACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 126. KIN	DOF BUSINESS OR TRY Ck Industry
14 FATHER'S NAME James Mode James J		1 13a. S	AL RESIDENCE (IF NURSING HOM STATE 135. CC	E OR OTHER INSTITUTE	N GIVE RESIDENCE BEFORE	E ADMISSION)	34 INSIDE CITY LIMITS?			1
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK 21d. INJURY OCCURRED WHILE AT WORK AT WORK 21d. INJURY OCCURRED WHILE AT WORK 21d. INJURY OCCURED WHILE AT WORK 21d. INJURY OCCURRED WHILE AT WORK 21d. INJU	Ne per	IFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)_ NT CONDITIONS	OR AS A CONSEQUE	ENCE OF DEATH BUT N	OT RELATED TO THE TERM	200 AUTOPSY?	DITION GIVEN IN PAR 20b. IF YES, WERE FI IN CERTIFYING CAL	NDINGS USED USES OF DEATH?
sow the deceased alive on above, (1) (we) (did not) view the body inter death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN NAME INFORMATION OF THE BODY INTER SIGNED 220. DATE SIGNED 4/20/82	riol-tro		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	DEATH HOUR INER) 21e. PLAC	A.M. MONTH DA P.M. E OF INJURY	AY YEAR	711. LOCATION	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	1 2)
236 BURIAL, CREMATION, REMOVAL THE DATE 236, NAME OF CEMETERY OR CREMATORY CHIMDENT ALLEGANY MONTH	VERAL DIRECTOR: A be detoched for use; State Dept, of Heoli AANT; If Item 21 is mo		sow the deceased alive above, (1) (we) (did) Mic	on The back		1	EGREE ATTENDING PHYSICIAN	MEDICAL STA	22c. D	ATE SIGNED
Burial 4/22/32 Hillcrest Burial Park, Cumberland, Allegany Mary	should b		SHIN KIM.	M.D.			90 MAIN STRE	23d LOCATION		
-1650M 1/BI 24 FUNERAL DIRECTOR H. Claume GOOMOE 250 RAF-RECD. BY REGISTRAR 2516 RIGHT AND COMMON A	BP		Burial	The state of the s	D.S.	llcres	t Burial Par			
(RA 15, 4) ADDRESS CONTRACT OF THE PART LIGHT CO	H - 16 50M 1/81 (VRA 15, 4)		NAME TO V			01 # 40-	250 RP	R2 6 1982	256 REGISTRA SIG	NAVAREACION
GEORGE FUNERAL HOME GREENE ST., CUMBERLAND, MD	Harry S	_GF	ORGE FUNERAL	HOME GR	KEENE ST.,	CUMBE			3.2	

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3. S 70 10. ((1) 130 M: 14. I	MEDICAL CERTIFICATION	230
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e medical examiner must be notified at ance.	IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or ather troumatic event, the medical examiner must be notified at ance.	_
Toges I and 2 shauld be then within 72 hours on	with the Stote Dept. of Health and Mental Hygiene prior to burial, cremotion, ar remayol.	
an and completely filled in by the funeral director, nage	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	-
be executed within 24 hours after death. Page 4 min	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.	- he

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. NO.	0	8	2	9	
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1	FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH		G. NO.	8 2	9 5
	ECEASED NAME FIRST	A	AIDDLE		LAST	20 DATE OF DEA		DAY YEAR	2b HOUR
(117	FANNIE		MAE	GRO	OSS	APRIL 2	3. 1982		04:20 AM
3. SE	X	4 RACE			OF BIRTH	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White	9	Nov.	24, DAY 1906 EAR	75	YRS	MONTHS DAYS	HOURS MIN.
7a B	RTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76. CITIZEN OF V	WHAT COUNTRY?	8.	D NEVER MARRIED		LEGANY C		MD
1	umberland	(IF NOT IN SUCI	HOSPITAL, NURSING HEACHLITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING LIF	12b. KIND O	of BUSINESS OR WN Home
13a. Ma		ROTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDI	ginia Av	e.	
		MIDDLE Dey	LAST		15. MOTHER'S MAIDEN NAM	ME	Clevenge		51
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI NO	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECUR	NITY NO	Mrs. Evelyn		s, Cumbe	rland,	Daughter
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COUGES TO	(b) DUE TO, OR	RAS A CONSEQUENT AS A CONSEQUENT CONTRIBUTING TO DI	YOU YOU NEE OF	vest (Standie) Suf onary Thro not rejated to the term Diabeth	mbos, nal disease or Mull 1200 autopsy	CONDITION GIVI	EN IN PART II	1 No.
RTIFIC						YES NO	IN CERTIF	YING CAUSES	OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (FETHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.A.	M. MONTH DAY	19	211 LOCATION STREET		OF TOWN	COUNTY	STATE
	22a. I certify that (1) (this hasping saw the deceased alive on abave, (1) (we) (did) (did not	APY It) view the body of	deceased fram	AP1	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN A	to PI	STAFF		
-	WALLY S. HIJA				1909-A SETON D		MBERLAND	, MD 2	1500
	BURIAL, CREMATION, REMOVAL	23b. DATE 4-26-1			EMETERY OR CREMATORY Memorial Parl	23d. LOCATION		COUNTY	w Md STATE
24 FI	Burial UNERAL DIRECTOR	7-20-1	,,,,			REC'D. BY REGIS			
	CARPELLI FUNERAI	HOME	ADDRESS	A \/E	IV.	D 0 0 10	82 Ares	Charles of the Control of the Contro	II Tolean
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	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 0	8 2 9 6
	DECEASED NAME FIRST MARGARET	HILDA GROVES	LAST	APRIL20, 1982	26 HOUR 11:43A
0 3.	Female	White	oct. 8, 1919	6 AGE (IN YEARS LAST BIRTHDAY) 62 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
35	BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALLEGANY COUNTY	
11 52	Cumberland	SACRED AHEART		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Housewife	12b. KIND OF BUSINESS OR INDUSTRY Own Home
filled hould be		ROTHERINISTITUTION GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW Cumber]	VN 13d: INSIDE CITY LIMITS?	Route 3, Bedfo	rd Rd., Box 256
omplet ond 2	FATHER'S NAME Leonard Pa		15 MOTHER'S MAIDEN NA Myrtle R	Ross	LAST
s. Poges	MAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) 220-07-6		Groves, Cumberl	and, Md. Husband
ned by the ottending in please remove corbon ourial, cremation, or rery, or other troumatic ex	Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF CALLONY	hally	VENÁN PART Ì IO
hos been sig 1 permit. Ther iene prior to k ows ony injur	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	COPD	HYACK THERMIA	-e-tidoy un	s, WERE FINDINGS USED YING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21 d. INJURY OCCURRED WHILE NOT WHILE ALWORK TO YORK	ATH HOUR A.M. MONTH D.	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, F	COUNTY STATE
CTOR: After use or to defor use or to defor use or to deforth m 21 is mor	22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (and) (id no	ital) attended the deceased from	ond that in (my) (our) opinion		
by the no ERAL DIRE Stote Dep NOT: If ther	226. SIGNATURE	ypres parc	DEGREE ATTENDING PHYSICIAN E 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	421-82
should be with the SMPORTA	WAGONER, GARY			WALSH RD. CUMBER	LAND, MD. 21502

BP DHMH - 16 50M 1/81 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

SCARPELLI FUNERAL HOME; 108 VAS. AVE., CUMB. MD. 21502

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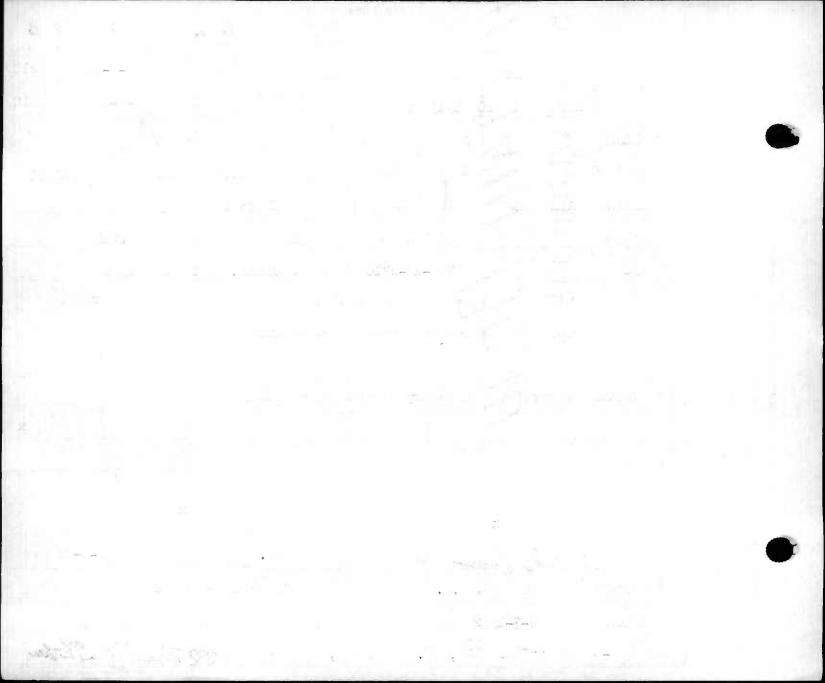
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STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be	etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direction approach

	1 -	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0	8 2	9 9
		EASED NAME	FIRST		MIDDLE	L	AST	2a. DATE OF DÉATH	MONTH DA	Y YEAR	b HOUR
	(1116		RRIE	GR	IFFITH	Н	IETT	APRIL 5.19	82		11:05
	3. SE	Male	4	RACE			27, DAY 1899	6. AGE (IN YEARS LAST BIR			HOURS MIN
85	7a. BI	RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C		
52		ty or town of DEA umberland,	ATH 1	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET A ACRED HEA	ADDRESS)	OR OTHER INSTITUTION SPITAL	120. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF	ON	12b. KIND OF	
35	13a. S	AL RESIDENCE (IF NURS ITATE ryland	13b. COUNT		13c CITY OR TOWN	admission) n nd,	13d. INSIDE CITY LIMITS?	Apt. 207,	135 N.	Mecha	ric St
11	14. FA	THER'S NAME Edward	7	DDIE 3.	Hiett		Lydica	WE		Hte	
1		VAS DECEASED EVER		ED FORCES? WAR OR DATES)	215-07-1		17. INFORMANT Mrs. Gretche	addre en M. Hiett	COUNT		21502 anic S
	NO	underlying couse	nediate ng the last.	(c)	ON TRIBUTING TO E		NOT RELATED TO THE TERM (3) avaira	0 0	DITION GIVE	A	
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES . NO.XX	20b. IF YES,	WERE FINDING ING CAUSES C	
9	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DEAT	HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY	AY YEAR	216 HOW INJURY OCCUR			COUNTY	
	ME	WHILE NOT WE AT WORK AT WO	RK		treet FACTORY, OFFICE, F.		STREET	CITY OR TO		9, th	STATE
2		sow the deceose above, (1) (we) (c					nd that in (my) (our) opinion				
7		22b. SIGNATURE	1 /.				DEGREE	WEDICH CTA		22c. DATE S	
7		C-1	· Will	ceus	- m	٧.	PHYSICIAN	DIRECTOR PHYSIC	IAN 🗆	4/5/	82
		22d. PHYSICIAN S NA	-	~	m	ات.	PHYSICIAN PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	IAN 🗌	4/5/	82

CUMBERLAND, MD 21502 CLARENCE VINCENT, M.D. 909-B SETON DRIVE, 23a BURIAL, CREMATION, REMOVAL (SPECIFY) BWial 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Largent, 4/7/82 Enon Prim. Baptist 250. DATE REC'D. 24 FUNERALLOWNER GEOTGE 202 GREEN STREET APR

CUMBERLAND, MD

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DHMH - 16 50M 1/81 (VRA 15, 4)

GEORGE FUNERAL HOME,

P. F. S. D. .. U. Service TITE EDUTY FOR THE AND THE SAME OF THE SAME OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE SAME O THE STATE OF THE PARTY The tellor of the selection of the selec CARROLL VENERAL MUNICIPALITY OF SERVICE OF THE PROPERTY OF THE I make the terminal of the second terminal of

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should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Mealth and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

injury, ar other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

etained by the haspital ar attending physician

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	FIRST	MIDDLE											
M	4.034			LAST			2a DATE C	F DEATH	MONTH	DAY	YEAR	2b HO	JR
ev	ARY	EDNA		HOGAM	IER		APRI	L 7.	1982			2:	30P,
EX	4 RACE		5	DATE OF B			AGE (IN		BIRTHDAY)	MONTE	DER TYEAR	IF UNDE	
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Female BIRTHPLACE (STATE OR F			COUNTRY? 8.			9	BALTIMO	ORE CITY			DEATH		
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Maryland CITY OF TOWN OF DEA	TH 11. NAM			HOME OR C	DIVORC	1000	2a USUAL				b. KIND C	F BLISIN	FSS OI
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	Allegany	13c. (Cumberla	1130	INSIDE CITY LI		3e. STREET	ADDRESS Fas	t Rob	erts	St.	15	
FATHER'S NAME	niichan				MOTHER'S MAI	Land .				02.00			
FIRST	WIDDLE		LAST		FIRST	T	da Mo	MIDDLE			LAS	T	
nfn . was deceased ever	IN II S ARMED FOR	ES? TIAL	SOCIAL SECURIT	IV NO. 17	INFORMANT	7/	ua mo		RESS				-
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18 CAUSE OF DEATH		se per line t			12 4-			7 -1			DELMEEN	ONSET AN	DEATH
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4149	AS CAUSED BY: IMMEDIATE CAUSE DUE	(0)	Premon	ia -			/)	OCT WEEN	ONSET AN	DEATH
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Conditions, if any, gave rise to imm couse (a), statin	AS CAUSED BY- IMMEDIATE CAUSE Which lediate g the DUE	(b)	A CONSEQUENCE A CONSEQUENCE	CE OF	L. / an		/)	BETWEEN	QNSET, AN	DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician.

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executed within 24 hours after death. Page 4 may be.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

STATE OF MARYLAND 8 3 0 1 0 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.		
	CEASED NAME FIRST MELVIN		RMAN		AST MES	20. DATE OF DEATH	PRIL 9	, 1982	26 HOUR 4:20
B. SEX	× MALE	4 RACE WHITE		5 DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF MO	UNDER I YEAR	IF UNDER 24 HE HOURS MIN
C	RTHPLACE (STATE OR FOREIGN OUNTRY) aneysville, Pa.	76 CITIZEN OF V	VHAT COUNTRY?	0	D A NEVER MARRIED	BALLIMORE CITY		FDEATH	
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BY REGISTRAR ON REGISTRAR'S SIGNATURE

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DHMH - 16 50M 1/76 (VR A 15 (4))

²James F. Scarpelli, Cumberland, Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fishould be detached for use as the build-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after retained by the hospital or attending physician.

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DHMH - 16 50M 1/81 (VRA 15, 4)

	FOR STATE REGISTRAR			DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 2	0	8 3	0 2
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STATE OF MARYLAND

FOR
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REGISTRAR

STATE OF MARYLAND MENTAL HYGIENE 8 2 0 8 3 0 3

CERTIFICATE OF DEATH

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	E OR PRINT)	Alice		G	Jen	kins	4/27/82			12:30
3. SEX	Х		RACE		5. DATE OF		6. AGE (IN YEARS LAST I		UNDER 1 YEAR	IF UNDER 24
	Female		white		09	09 00 YEAR	-81	YRS	NTHS DAYS	HOURS
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	John	MIDD		De Va	u1t	S. MOTHER'S MAIDEN N	MIDDLE		Mi]	1s
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DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campliturely taken in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled will with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

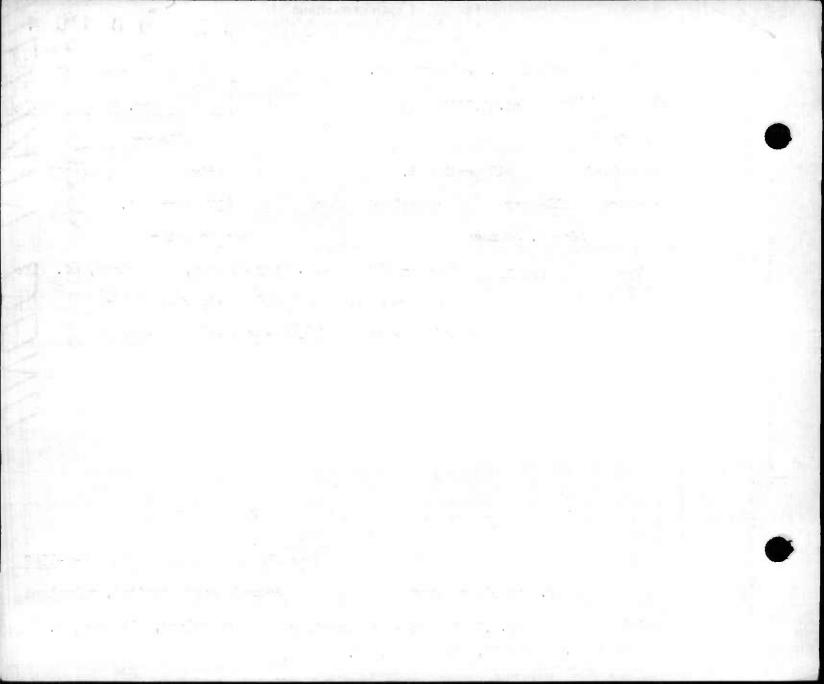
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the haspital as attending physician.

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1	1 - :	FOR STATE REGISTRAR			EPARTMI	ENT OF H	EALTH		ENT AL F	8	3 4	REG. NO	3	3	0	4
		EASED NAMI	Arth	ur W. J	ohnsor	n Sr		LAST			20. DATE K OF DEATH	ESTI-	1	DAY	YEAR 1982	26 HOUR 610 PM
3	. sex Ma	le	4. RACE White	Oct.13,1	908	AGE (IN YEAR LAST BIRTHDAY	MONTE		IF UNDER		2c. DATE PRONOUNC DEAD		or. 5	DAY	YEAR 19 82	24. HOUR 6:30M
33	FOR	RTHPLACE (S BEIGN COUNTRY) Maryla		76. CITIZEN OF WH USA	AT COUNTR	RY?	8. MARRI WIDOW	ED 🛮 NE	VER MARR	IED 📙	9 BALTIMO	llega	_	Y OF D	EATH	MD.
00	C	umberl	and	11. NAME OF HOSF (16 NOT INSUCH FAC 418 GO	ethe S	t.		er institu	TION	FOR A	NALOCCUP NOST OF WORK Retire	ING LIFE)	E OF WORK	OR	D OF BU INDUSTI Xtil	RY
5	30. S1	arylan	d Alle	e other institution, giv Y gany	13c. CITY O			134 INSIDE C	NO 🗆	<u>l</u>	+37 Go		St.			
11		THER'S NAME	Adam W	. Johnson					IRST		a Mc I	0		1.	AST	
1	(YE	AS DECEASE S, NO, OR UNKNO Yes		AED FORCES? VAR OR DATES) AT II		NESECURITY		Mrs Mrs		y Jol	hnson,	Cumb		nd,	Md.	Wife
	NO	Condition gove ri cause (a lying cou	Ons, if any, which se to immediate stating the under- use last.	(b) OHTRIBUTING TO DEATH B	reta. AS A CONSE	Mas EQUENCE O	F	(7.	ocu	T	ulli al	Can	er)			
9	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDIT	ION FOR WI	HICH OPERA	ATION W	'AS PERFOR	MED?						UTOPSY	NO []
+0	MEDICAL CERT	UNDERLYING CONTRIBUTI 21d INJURY (NG CAUSE OF D	21e PLACE C	MONTH D	19 (AT HOME,	211 LO	CATION	OCCURRE	ED JENTER H	CITY OR TOW			UNIY		STATE
		220. I certi death result		e of the remains desc al causes X,	Accident		Autop	, Home	Inspection in the inspection i		Inquiry ermined mai		nd in my op	inion		
2		ACTUAL SIGNATURE, EXAMINER'S	NAME D	muisca) les	1/2	M	D. D.	puti		ICAL EXAM		DATE	D	-6-1	
	B	(TYPE OR PRI JRIAL, CREMA PECIFY) UTIAL INFRAL DIREC	TION, REMOVAL 2	Francisc B DATE Apr. 8, 19 arpelr 17, ESS	23c. NA 82 Ro	ME OF CEM	ap C		DRY LV 250. DATE	23d. LC City C	Heart CATION OR TOWN Umberl REGISTRAF	and.	Alleg	gany	Md st	and



V	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 0 5
	ECEASED NAME FIRST PE OR PRINT) FRE	DERICK J.	KAPLON	ADD TE TO DEATH MONTH DAY	YEAR 2b HOUR
3. 5		4. RACE	5 DATE OF BIRTH	APRIL 1, 1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNI	DER I YEAR IF UNDER 24 HRS
	MAIE	WHITE	MONTH DAY YEAR 1912	70 YRS.	S DATS HOURS MIN.
85	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY OF D ALLEGANY	MD.
00	CUMBERLAND	MEMORIAL HOS	SPITAL		b. KIND OF BUSINESS OR DUSTRY
35 134	MARYLAND ATJE	GANY CUMBERLA	IN 13d INSIDE CITY LIMITST YES NO 15 MOTHER'S MAIDEN NAI 15 MOTHER'S MAIDEN NAI 1833	MIDDAY	1457
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS N.CUMBERLAND, MD.	FLO
NOI	Conditions, if any, which gave rise to immediate course in stating the underlying cours last.	DUE TO, OR AS A CONSEQUE	ti cema ENCE OF ENCE OF	INAL DISEASE OR CONDITION GIVEN IN	PART I(o
CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES YES YES	RE FINDINGS USED CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATIONALLY IN ITEM IB PART LO	R PART 2)
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	CIT PATOWN CI	DUNIY STAN
4	22d I certify that if (this hosping of the deceased rive of obote (1) (west did this had no 27% SIGNAFURE	l wy with body after death.	DEGREE ATTENDING PHYSICIAN	death occurred on the date and hour and	PONTE SIGNED 82
730	DR.W. GUY F	T S OUS		RIAL HOSPITAL,ME ERLAND MD 2150	3
1.50	(SPECIFY) BURIAL		STVIEW CEMETERY	CUMBERLAND ALL	TOWN AS
24 F	UNERAL DIRECTOR		CUMB, MD 250. DAT APR		and Agent

CHU CONTRACTOR PREDERICE J. -KAPLON ARRIE I. 1983 CUMBERLAND NE. OFFICE The fire of the

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r use as the buriol-transit permit Health and Mental Hygiene pr

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	FOR STATE REGISTRAR	139		DEPARTMENT	OF HEALTH A	ND MENTAL HYGI	IENE 3 2	NO.	8 3	0
	I. DECEASED NAME (TYPE OR PRINT)	MARIET		P.	KING		APRIL 9,		DAY YEAR	26 HOUR 3:50
1	3. SEX	4 R	ACE		ATE OF BIRTH	VE AD	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
	Female		White	9	11 1	¥ 1890	9	1 YRS	DATS	I NOURS
4	76. BIRTHPLACE (STATE OR	FOREIGN 76 (ITIZEN OF W	VHAT COUNTRY? 8	RRIED NEV	ER MARRIED	9 BALTIMORE CITY			
1	Maryland		- 4	S.A. WID	OWED 🔀	DIVORCED [All	egany	Co.	
1	10. CITY OR TOWN OF DEA	ATH 11.	MAME OF H	OSPITAL, NURSING HO FACILITY GIVE STREET ADDRESS RIAL HOSPIT	ME OR OTHER	INSTITUTION	12a USUAL OCCUP. (TYPE OF WORK FOR MO) housewi	T OF WORKING LI	FE) INDUSTRY	of BUSINESS
	USUAL RESIDENCE (IF NURS 130: STATE Maryland	136 COUNTY		GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Mt.Savage	13d. INSI	DE CITY LIMITS?	13e STREET ADDRES	Row,	Mt. S	Savage
	14. FATHER'S NAME FIRST Joseph	MIDD	ιE	Crowe	15. MOTH	HER'S MAIDEN NAM Martha				AST
	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED (IF YES, GIVE WA	R OR DATES)	166 SOCIAL SECURITY N 213-74-55L		. Helen		105 No	ew Row	
	18. CAUSE OF DEAT PART I. DEATH W	H (Enter only or AS CAUSED BY IMMEDIATE CA		time for (a), (b), and (c)	stouil	estrial t	Haceyon	lage	APPROD BETWEEN	XIMATE INTERVA HONSET AND DE
	5368 Conditions, if any,		DUE TO, OR	AS CONSEQUENCE	Fash	tis.			In	outh
	gove rise to immediate (a), stating underlying cause	g the	DUE TO, OR	AS ACONSEQUENCE OF	2 4/ 19	1				
	PART 2 OTHER SIGN	b. // //	DITIONS CO	NTRIBUTING TO DEATH		Journa 1		ONDITION GIVE	EN IN PART 1	0
	190 DATE OF OPERA.	ION	196 CONDIT	ION FOR WHICH OPER	ATION WAS PE	RFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI YING CAUSES S	
		AUSE OF DEATH	21b. TIME OF HOUR A.M	. MONTH DAY Y	21c. HOV	V INJURY OCCURRI	ED (ENTER NATURE OF IT	NJURY IN ITEM 18 1	PART 1 OR PART 2)	
	(IF EITHER NOTIFY MEDIN		21e. PLACE O		211 LOC	ATION	CITY OR	IOWN	COUNTY	STAT

CTATE OF MADVE AND

TO FUNERAL DIRECTOR: MPORTANT: If Item 21 is etoined by the hospital should be detoched for with the State Dept. of I DR. NARAYAN P. SAHETA 236 BURIAL, CREMATION, REMOVAL 236 DATE 4/12/82 Burial

23c. NAME OF CEMETERY OR CREMATORY St. Patricks

22e. ADDRESS

DEGREE

ATTENDING

Mt. Savage Allegany Md. REGISTRAR 256. REGISTRAR'S SIGNATURE

21502

STAFF

and that in (my) (our) opinion death accurred an the date and hour and from the causes stated

MEDICAL

PHYSICIAN A DIRECTOR PHYSICIAN

MEMORIAL HOSPITAL

CUMBERLAND, MD.

22c. DATE SIGNED

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

IF UNDER 24 HRS

24 FUNERAL DIRECTOR

NOT WHILE

22a I certify that (I) (this haspital) attended the deceased from

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

MATERIA P. KITS APRIL 9, 1962 A 05:2 Lucia de la companya MENDELET HOSPITAL ATTHAS . SMATA CUMBERLAID, W. 21302

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K		1.	FOR STATE REGISTRAR		DEPART	MENT OF HEA	F MARTLAND LTH AND MENTAL HYC ATE OF DEATH	GIENE 8 2	0 8	307
H C C	Э		OP PRINT	LL I AM	DONALD	K I NSMAN		20 DATE OF DEATH APRIL 15		26. HOUR 5:42 ♠
	1	3. SE	Male		rite	5. DATE OF MAY 3	DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	15		RTHPLACE (STATE OR FOR COUNTRY) Maryland	u. 3	OF WHAT COUNTRY?	MARRIED WIDOWED		9. BALTIMORE CITY O Allega	R COUNTY OF DEAT	rH MD.
by the time of	50	10. C	UMBERLAND	MEM	OF HOSPITAL, NURS IN I SUCH FACILITY, GIVE STREET OR I AL HOSP	TAL	other institution	12a USUAL OCCUPATI	ON 126. KII	ND OF BUSINESS OR
Mad in	185	Ma Ma	AL RESIDENCE (IF NURSING STATE 13	HOME OR OTHER INSTITUTION OF THE PROPERTY OF T	130 BULLON		E. INSIDE CITY LIMITS?	130 STREET ADDRESS	lollow Rd.	-14
mpletery and 2	() (solution	14 F/	William	John	Kinsma		Audrey	WE		Jones
	the medica	160 \	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			brs. Audrey	J. Eckhart,		Md.21521 x 19, Barton,
signed by the attending hen please remove carbo to buriof, cremation, ar in	ljury, or ather troumatic	NO	underlying couse	diate the last. (c)	, OR AS A CONSEQUE	ENCE OF	DI RELATED TO THE TERM	inal Disease or coni	DITION GIVEN IN PAF	RT 1(o)
ine low relicion. te has been sit permit. T	2 no swous	CERTIFICATION	190 DATE OF OPERATIO		NDITION FOR WHICH			20e AUTOPSY? YES NO	20b. IF YES, WERE FII IN CERTIFYING CAL YES [USES OF DEATH?
ng pl	Hem 18	MEDICAL CE	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	ISE OF DEATH HOUR	E OF INJURY A.M. MONTH DA P.M.	AY YEAR	IC HOW INJURY OCCUR	RED (ENTER NATURE OF IN UF	RY IN ITEM 18 PART I OR PAR	T 2)
CTOR: After the Ifor use as the of Heolth and	n ZI is morked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (1)	Acapital) (Al Howle	CE OF INJURY STREET, FACTORY OFFICE F	ARM ETC)		to	5 19 8	tho (I) (we) last
ned by the ha FUNERAL DIRE old be detached the State Dept	MPORIANI: If Her		22d. PHYSICIAN'S NAM	E (1998 CM FRIDAT)	Ju	> C	ADDRESS	MEDICAL STAP	F IAN []	AL BUILDING
retained TO FUNE should be with the S	MPOR	23a. E	DR. GUY F	-	236	NAME OF CEM		BERLAND, ME		WE DOLEDING
BP	-	24 FL	Burial INERAL DIRECTOR	4/17,	182 Su	unset M	emorial Park	Cumberlan		
(VRA 15, 4)	01	Н.	Wayne Geor	ge 202 Gre	ene St. Cu	mberla	rd, Md. AP	R 2 Z 198Z	Mary Jan	ZALZIGE.

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	, and a section of w	John, Agos	1479-11-112		W. 2
			25/24		
1121					W.A.
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	Carrena de			Notice	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Depty of Health and Mental Hygiene prior to burial, cremotion, ar removal.

injury, ar ather traumatic event, the

MPORTANT: If Item 21 is marked or Item 18 shaws any

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-	De

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

1.	FOR STATE REGISTRAR			DEP		ICATE OF DEATH	HYGIENE	8 2 REG. NO.	0 8	3	0 8
(TYPE		FIRST MA	MART	HA	Klos	term A.		OF DEATH MON	3- 8	Z 11	HOUR 55
TISE	Female	1	RACE Whit	te	Dec.	12, 1883	6 AGE	IN YEARS LAST BIRTHDAY	MONTHS YRS	-	OURS MIN.
Je B	PETHPLACE (STATE OR DUNTEPENNA.	FOREIGN 7	U. S.		MARRIE WIDOWE	D NEVER MARRIED	0 RAITI	MORECITY OR CO Allegany	OUNTY OF DEA	TH	MD.
	umberland,	ATH 1			URSING HOME O	Home,	(TYPE OF V	AL OCCUPATION NORK FOR NOST OF WORLD	RKING LIFE) 12b. N	UND OF BU	JSINESS OR
130.3 Ma	AL RESIDENCE (IF NURS TATE Tyland	13b ACUN	gany		errand,	13d. INSIDE CITY LIMITS	S? 13e. STRE	et address orest Dr	•	44_	
14. FA	Adam	М	DDLE	Eb	ert	15. MOTHER'S MAIDEN	NAME	WIDDLE		Schul	tz
16a. V	WAS DECEASED EVER		ED FORCES? WAR OR DATES)		SECURITY NO. 0-6539	Mr. Donald	l W. Mas	ADDRESS Son, 7 Fo.	rest Dr	. Cun	21502 nb. Md.
	Conditions, if ony, gove rise to improve (o), static underlying cause	mediate ng the last	DUE TO, OF	as a cons	SEQUENCE OF	NOT RELATED TO THE T	ERMINAL DISE	ASE OR CONDITION	DN GIVEN IN PA	ARI I(p)	
CERTIFICATION	190 DATE OF OPERA	TION		lon FOR W	end d	N WAS PERFORMED	20a Al	JTOPSY? 206	LIF YES, WERE CERTIFYING CA	FINDINGS AUSES OF I	USED DEATH?
MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MED) 21d. INJURY OCCUR! WHILE NOT WHAT WORK AT WORK	CALEXAMINER) RED	P./ 21e. PLACE (OF INJURY	FFICE, FARM, ETC.)	21f. LOCATION	0	CITY OR TOWN	COUR	чтү	STATE
	22a. I certify that (I) saw the decease above, (I) (we) (a 22b. SIGNATURE	ed alive on_	- 4/	11	19 , or	nd that in (my) (our) apin DEGREE	G. MEDIC	AL STAFF	22c.		
	22d. PHYSICIAN'S N	AME ITTE	LM	op		PHYSICIAL 22e ADDRESS	Sel	PHYSICIAN	L Cu	uber	land.
23a B	BURIAL, CREMATION, SPECIFY) Burial		4/15/	82		EMETERY OR CREMATO	RY 23d. LC	mberland,	Allego	uny Mo	urijeand

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

etained by the haspital ar attending physician.

24 FUNERAL DIRECTOR 21502 H. Wäljne George 202 Greene St. Cumberland, Md.

APR 19

BY REGISTRAR 25 DEGISTRARS

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FEMALE (HPLACE ISTATE OR FOREIGN NRY) ONTOWN OF DEATH JMBERLAND RESIDENCE (IF NURSING HOLATE) (136 C	4. RACE WHI 76 CITIZEN OF USA 11. NAME OF	KRONE TE WHAT COUNTRY?	5. DATE C MONTH 07		6 AGE (IN YEAR	APRIL 13		26. HOUR 11;07
HPLACE ISTATE OR FOREIGN (NRY) PENNSY VANIA (OR TOWN OF DEATH JMBERLAND RESIDENCE (IF NURSING HO)	76 CITIZEN OF USA		07	day YEAR		o shor shirt shirt	IF UNDER ! YEAR	IF UNDER 24 H
ennsylvania ORTOWN OF DEATH JMBERLAND RESIDENCE (IF NURSING HO)	USA	WHAT COUNTRY?	8		37	YRS.	ONTHS DAYS	HOURS MI
JMBERLAND RESIDENCE (IF NURSING HO)	(IF NOT IN SU		MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE	Allegany		
	MEM	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET OR I AL HOSI	ADDRESS)	DR OTHER INSTITUTION		CUPATION DR MOST OF WORKING LIFE tionist	INDUSTRY	of Business (
	ME OR OTHER INSTITUTIO OUNTY LEGANY	13c CITY OR TOW FROSTBL	N	13d INSIDE CITY LIMITS? YES NO		DRESS Locust Str	eet	
HER'S NAME FIRST George	MIDDLE	Montgomer		15 MOTHER'S MAIDEN NA FIRST Mary		MIDDLE	las Harm	
AS DECEASED EVER IN U.S. 1, NO OR UNKNOWN) (IF YES	ARMED FORCES? S, GIVE WAR OR DATES)	189-38-6		Mary Montg	OMOMIE	Manns Cho	dan D	Α.
couse (a), stofing the underlying couse lost part 2 OTHER SIGNIFICA 90. DATE OF OPERATION	(c)_ NT CONDITIONS		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE (SY? 20b. IF YES,	WERE FINDIN	NGS USED
(10. ACCIDENT WAS UNDERLYING		OF INJURY	AY YEAR	21c. HOW INJURY OCCUR		YES		NO [
(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE	P.M. E OF INJURY TREET, FACTORY, OFFICE, F	19 ARM, ETC.)	21f. LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
220.1 certify that (1) (this has aw the deceased alive above, (1) (we) (did) (did)	e on	19		nd that in (my) (our) opinian	, ta death accurred			that (I) (we) i
22b. SIGNATURE	Pal	wy	r	DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN T	22c.DATE	SIGNED
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ITA PHYSICIAN'S NAME	1111							STATE
/2b.	7	Hal	Halvy	Halvy 1	Halvy MD ATTENDING PHYSICIAN [PHYSICIAN'S NAME THE SHIPLE AND STATEMENT OF SCHOOLS OF	PHYSICIAN'S NAME TO STAFF PHYSICIAN'S SCALLOWS COUNTY TO STAFF PHYSICIAN'S NAME TO STAFF PHYSICIAN'S SCALLOWS COUNTY PHYSICIAN'S NAME TO STAFF PHYSICI	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND 083 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME FIRST MIDDLE 26 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) SUSIE C. LEYDIG APRIL 10, 1982 5:30P 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER : YEAR IF UNDER 24 HRS MONTH DAY Female White Nov. 29. 1900 TO. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA Allegany WIDOWEDK 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MEMORIAL HOSPITAL CUMBERLAND Housewife In Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13b COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Allegany Maryland Cumberland Booth Towers, Somerville Ave. YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME exormi James Moreland Anna Malcolm 166 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) 219-14-6783 Mr. Ray Breighner, Near Ridgeley, W. Va. Son no 410 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o Lee CA breast Conditions, if ony, which gove rise to immediate couse lo', stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INTURY OCCURRED

TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM, ETC.) AT WORK AT WORK 226.1 certify that (1) (this hospital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

obove, (1) (we) (did) (did not view the body after death 22b. SIGNATURE

sow the deceased olive-or

22d PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

ATTENDING MEDICAL PHYSICIAN

STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

STATE

COUNTY

THADDELLE FIDED

MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

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36	BURIAL CREMATION REMOVAL	73b. DATE	23r NA

ME OF CEMETERY OR CREMATORY Hillcrest Burial Park

DEGREE

Cumberland.

24 FUNERAL DIRECTOR

MEDICAL

James F. Scarpelli. Cumberland, Md

DHMH - 16 50M 1/B1 (VRA 15, 4)

DIRECTOR

suste c. Levore CUMBERLAND MEMBRIAL MOSPITAL any new contract to the series of the series

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CUMBERLAND MARYLAND 21502

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	Ou Ad	TAI)	1 SE	Female	4.	RACE Whi
•	rher death. Pag	the funeral direct dire	10. C	IRTHPLACE (STATE OR F COUNTRY) Marylan ITY OR TOWN OF DEA	1 .TH 11	U.S. NAME OF
YLAND 21201	thin 24 hours o	2 should be like	USU 13a.	umberland ALRESIDENCE (IF NURS STATE W.Va. ATHER'S NAME		
TIMORE, MAR	be executed as	Payer and 2		Harry WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARME	D FORCES?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL	DING. RHYSICIAN. The law requires that the death serriticate or site-ading physician.	After this carriculate has been agned by the attending physics on the build from the person remove anthonic operability and Mendal Hygiens price to build, cendration or removal marked or tem 18 shows any injury, or ather transmatic event, the	MEDICAL CERTIFICATION	Conditions, if any, gove rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN 21a, ACCIDENT WAS UND OR CONTRIBUTING CURREN NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WAS UND OR CONTRIBUTING CO	which dedicate of the property	DUE TO, C

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR				CERTIFIC	CAIL OI DEATH		REG. NO.		
1. DECEASED NAM			WIDDLE	**	AST	2a DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
	LINDA		JEANETTE		LUDWIG	APRIL	26,1982		8:45P M
1 SEX		4. RACE		5. DATE O			S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Fema	le	Whi	te	July	29% 1963	78	YRS.	Morning	MIN.
Ta. BIRTHPLACE	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE	CITY OR COUNT	TY OF DEATH	
Mary	land	U.S	Λ	WIDOWE	NEVER MARRIED DIVORCED	ALLEG	ANY COUN	TY	
IO. CITY OR TOWN					R OTHER INSTITUTION	12a USUAL OC			OF BUSINESS OR
Cumber	land	(IF NOT IN SU	CH FACILITY, GIVE STREET A		ΤΛ1		OR MOST OF WORKING	LIFE) INDUSTRY	Agenc
USUAL RESIDENC			GIVE RESIDENCE BEFORE		IAL	Retir	ea	Ilnsui	rance
13a. STATE	Juli COU	YTY	13c. CITY OR TOWN	V 1	13d INSIDE CITY LIMITS?	13e. STREET AD			
W.Va.	Mine	eral	Keyser		YES X NO	86 F	irst St		
4. FATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE	LA	ST
Har	rv		Messick		Mamie		Br	rewingt	ton
160. WAS DECEASI	ED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRESS		
No	(IF TES, GI	E WAR OR DATES	23/1 /1/1	7026	Mrs Jeanne	M. Ra	ndalls.	Kevse	er. W. Va
	DE DEATH (Enter or	ly one couse ne	r line far (a), (b), and		b o carrie		TIGGET D		XIMATE INTERVAL LONSET AND DEATH
PART I. D	EATH WAS CAUSE	D BY:	7	A	War .				Jee/c
144	7 a IMMEDIA	re Cause (a)	15 40	nch	d) Normo	200		1 ~	icon
7/	DUE TO, OR AS A CONSEQUENCE OF								2000
	Conditions, if any, which (b) Cerebral with 12								7
cause (a)	cause (a), stating the DUE TO OR AS A CONSEQUENCE OF								
	10) tempto Ochi. seal politar st. Tracella								
	HER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	R CONDITION G	IVEN IN PART 1	a.
₽	60								
U	OPERATION	19b. COND	ITION FOR WHICH	OPERATION		20a AUTOPS	Y? 20b. IF YI	ES, WERE FINDI	NGS USED
E 4)	15-1128	2 Fer	od oran	holo go	of oeel.di	YES N		ES	NO [
21a. ACCIDEN	T WAS UNDERLYING	216. TIME C		V VEAD	21c. HOW INJURY OCCURE	RED (ENTERNATUR	E OF INJURY IN ITEM 18	PART OR PART 2)	
OR CONTRIBUT	TING CAUSE OF DEA	ATT.	.M. MONTH DA .M	Y YEAR					
(IF EITHER NO.			OF INJURY	17	21f LOCATION				
3 JIHVV	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, FA	RM, ETC)	STREET	C	ITY OR TOWN	COUNTY	STATE
AT WORK		A = 1) = AA = = d = d = d		151	-	15	1201	0.7	
	that (I) (this haspi	A 1		2	d that in (my) (our) opinion (dooth coursed a	1361	, 19	that (I) (we) lost
obove, (l) (we) (did) (did no		after death.			Sedili occorred o	in the date one no		
22b. SIGNAT	URE	11.		D	PEGREE ATTENDING	MEDICAL _	STAFF	22c. DATE	
V	5mm	of ha			PHYSICIAN L	DIRECTOR	PHYSICIAN [14/2	-111285
22d. PHYSICI	AN'S NAME (TYPE C	RPRINT)			22e ADDRESS				
STV	AN A. PII	LAI M.	D.		913 SETON D	DRIVE CU	MBERLAND	, MD. 2	1502
3a. BURIAL, CREM	ATION, REMOVAL	23b. DATE	23¢ N	AME OF CE	METERY OR CREMATORY	23d LOCATIO	ON		
	urial	1	pr 82 Qu	eens	Pt.	Keys		neral	W.Va.
24 FUNERAL DIREC	MITT		ADDRESS	35 S.	MAIN STREET	DD 7 A 4	ISTRAR 251 REGIS	11/	WW.
R	OTRUCK FL	JNERAL H	HOME	KEYSE	R, W.VA.	LK201	1982 Ligar	ices year	- muno

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

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Control of the second of the s	X
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havin after about 19 junes. The retained by the hospital or attending physician.	/
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely tilling in by the fundation of the should be detached for use as the buriol-transit permit. Then please remove corbandapers. Pages 1 and 2 should be filled with AZ host execution, or removal.	
IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the medical examination of the artificial artificial	
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FOR STATE

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTI	FICALE OF DEATH	REG. N	10.	
I. DECEASED NAME (TYPE OR PRINT)	MARY	DOR		HAFFEY	20. DATE OF DEATH APRIL 2	MONTH DAY YE	26 HOUR 1010A
3. SEX Female	4	Cau.		OF BIRTH 28/14DAY YEAR	6 AGE (IN YEARS LAST B		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
Maryland		USA	MARRI		A77	OR COUNTY OF DEAT	TH
10. CITY OR TOWN OF DI	1D	(IF NOT IN SUCH EX	MORIAL HO		120 USUAL OCCUPATION OF SEAMSTRESS		nd of Business or STRY Othing
ISUAL RESIDENCE (IF NO 130 STATE LARYLAND	PS OUNT DUNT LIE	Bany	e residence before admission CITY OR TOWN Mt. Savage	13d INSIDE CITY LIMITS?	Box 495,	Mt. Savage,	Md. 21545
Samuel RSTFran	kenbe r	Soft.	LAST	Mary Etta L	AME		LAST
NES NO OR UNKNOWN)			6. SOCIAL SECURITY NO. 96 22 5803	Mrs. Shirley	Smith, Box		Savage, Md s Hill Rd
PART I DEATH / 8 2 0 Conditions, if on gove rise to in couse (o), stot underlying cous	IMMEDIATE y, which mediote ring the se lost.	CAUSE (o) DUE TO, OR A (b) DUE TO, OR A (c)	S A CONSEQUENCE OF	one lasi	oudre	. la	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
PART 2 OTHER SIG			<u>iributing to death</u> bu on for which operation	T NOT RELATED TO THE TERM	700 AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAL	INDINGS USED
OR CONTRIBUTING LIFETHER NOTIFY MEI	CAUSE OF DEATH DICAL EXAMINER) RRED	P.M. 21e PLACE OF	MONTH DAY YEAR	211 LOCATION STREET			RT 2)
27a I certify that ((did) (did not)	view the body off	er death. 19.82	22e ADDRESS	death occurred on the company of the	FF CIAN []	n the couses stoted DATE SIGNED
230. BURIAL, CREMATION BURIAL	, REMOVAL	236. DATE 4/4/82		CEMETERY OR CREMATORY rage Methodist	23d. LOCATION	ge, Allega	ny, Md ^{STATE}
14 FUNERAL DIRECTOR Harvey H. Ze	eigler.	Hyndman	ADDRESS Pennsylva	nia APR	7 1982	A. REGIS RAR'S SI	Please by

Pennsylvania

DHMH - 16 50M 1/81 (VRA 15, 4)

Harvey H. Zeigler, Hyndman,

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) DFI MAR WILLIAM MARTIN APR II 13, 1982 7:30 AM 5 DATE OF BIRTH 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Mary 5, DAT 916 YEAR Male HOURS White. DAYS 65 YRS 7a. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Maryland WIDOWED DIVORCED [ALLEGANY COUNTY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR Ret. Foreman (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Doustry Rwy. Cumberland SACRED HEART HOSPITAL USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION GIVE Allegany 13. STREET ADDRESS 14720 Main St. Maruland Cresaptown. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Martin Ressie Elmer Winters ADDRESS Cresantown. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 705-14-0054 Mrs. Della J. Martin, 14720 Main Sti 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT ATH BUT NOT RELATED TO THE TERMINAL DISE THE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC. STREET WHILE NOT WHILE 22a. I certify that (1) (this hospital) of sow the deceased alive on. and that in (my) (aur) apinian death accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the

23h DATE

4/16/82

22e. ADDRESS

DEGREE

ATTENDING

907 SETON DRIVE, CUMBERLAND, M D 21502

23c NAME OF CEMETERY OR CREMATORY Kalbaugh Cemetery.

Elk Garden Mineral

24 FUNERAL DREALPRE George

230 BURIAL CREMATION REMOVAL

Burial

RENATO ESPINA. M.D.

202 GREEN STREET CUMBERLAND.MD 21502 GEORGE FUNERAL HOME.

STAFF DIRECTOR PHYSICIAN

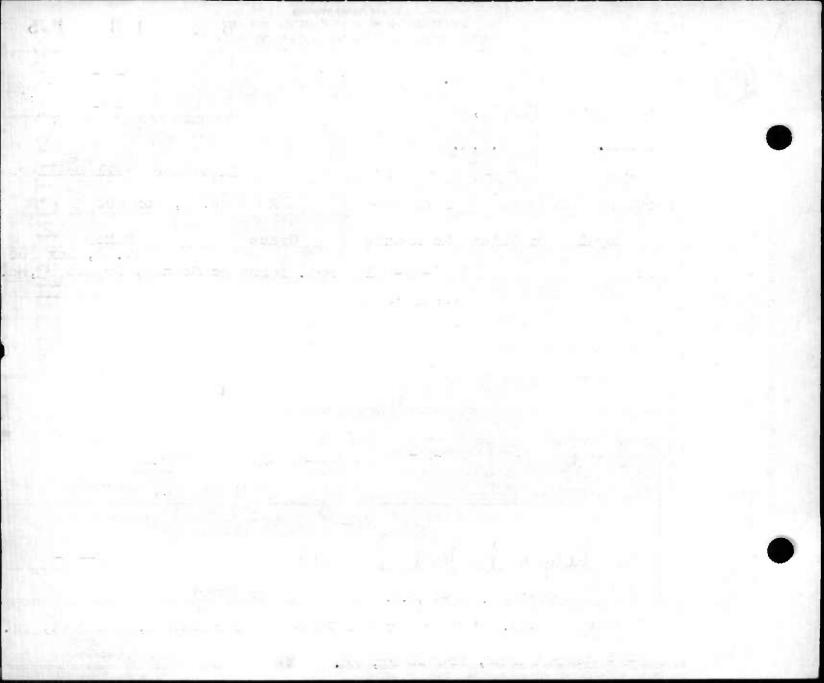
DHMH - 16 50M 1/81 (VRA 15, 4)

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3. SI	ĒX	F 4. F	RACE	5. DATE OF BIRTH	H YEAR	6. AGE (IN YEA LAST BIRTHDA 75 YR	RS IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUN DE AD	NCED	PRII	d Hip	19 82	2d H
1	P/			76. CITIZEN OF W			WIDOW	/ED 🛣	VER MARRI DIVORC	ED 🗆		EGANY	COL	NTY,	F DEATH	
4	CUI	OR TOWN OF	D, /		D HEAF	T HOSP	ITAL	er institu	NOITI	FOR	MAL OCCU MOST OF WOR	KING LIFE)			KIND OF E OR INDUS	TRY
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	Cl	ER'S NAME FIRST LARLES		MIDDLE HARD	GARLI			A	ER'S MAIDE FIRST NNA	N NAM	BEI			CUSI	LAST	
160.	VA VES. I	40, OR UNKNOWN	VER IN U.S. ARA) (IF YES, GIVE V	MED FORCES? WAR OR DATES)		0289829		MRS.		E.	ENGLE,	LON		-	MD.2	2153
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CAL CERTIFICATION		Iying cause I ART 2 OTHER SIGNIF PYOMI On DATE OF OF	CAUSE WAS	ONTRIBUTING TO GEAT 196 COND 216 TIME C HOUR A.	N BUT NOT RELA DITION FOR DF INJURY M. MONTH	NTEO TO THE TERMI	ATION W	'AS PERFOI	RMED?		R NATURE OF IN	JURY IN ITEM	18 PART I			
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	21 UC 21 V A A S S	I ying cause I ART 2 OTHER SIGNIF PYOM 10. EXTERNAL C NDERLYING ONTRIBUTING ONTRIBUTING I NUURY OCC VHILE T WORK 270 Certify the death resulted CTUAL GNATURE CAMINER'S NA YPE OR PRINT)	ETRIUM PERATION AUSE WAS OR CAUSE OF D CURRED HOT WHILE TWORK Nature	21b. TIME CHUR A. 21b. TIME CHUR A. 21c PLACE STREET, PA e of the remains do al causes	DE INJURY M. MONTH M. COF INJURY ACTORY, FARM, E Accident	DAY YEAR (AT HOME. TO: TO: TO: TO: TO: TO: TO: TO	21c. Ho	CATION CATION TITLE (.D. DE	Inspection of SPECIFY) SACRE	n X. Unde	CITY OR TO	wn anner Ainer	and in n	county ny apinia ATE GNED	YES M	s/82

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DHMH - 16 50M 1/81 (VRA 15, 4)

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	TYPE OR PRINT)			WIDDLE		AST	20. DATE OF DEATH		YEAR 26. HOL	
	1 SEX	JOHN		LLIAM		ILLER	APRIL 2		01:5	
	Male		4. RACE Whit		5. DATE O		6. AGE (IN YEARS LAST B	YRS.	NDER I YEAR IF UNDER	24 H
33	BIRTHPLACE COUNTRY Md	STATE OR FOREIGN		S. A.	8. MARRIEI WIDOWE	D NEVER MARRIED DIONORCED	9 BALTIMORE CITY ALLEG	OR COUNTY OF		
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ed issue	Md.	13b. COLI	rother institution legany	GIVE RESIDENCE BEFORE 130. RUTAT	admission) N	13d. INSIDE CITY LIMITS?	13e SPORET JODES	x 34 West	ternport	
O/ exomine	14 FATHER'S NAM	e vard	WIDDLE	Miller		15 MOTHER'S MAIDEN NA FIRST Rennie	MIDDLE		Dawson	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.	
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	1.	FOR - STATE REGISTRAR	E de		DEPART	CERTIFICAT	E OF DEATH	HYGIENE	REG.	NO.	3 8	S	1	2
		CEASED NAME	FIRST		IDDLE	LAST			E OF DEATH		DAY	YEAR	2h HOUR	?
			THEODO	ORE	HALL	MORSE	BERGER	APR	IL 22,	1982			6:40)
1	3. SE.		4.	RACE		5. DATE OF BIR	TH DAY YEAR	6 AGE	(IN YEARS LAST E	BIRTHDAY)	IF UNDER	DAYS	IF UNDER 2	M P 2
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DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR MCNABB'S FUNERAL HOME

CATONSVILLE, MD.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

APR 23 1987

THEODORES WALL MEMORITHMEN APPLIES 22, 1982 CHECK A Vintage Vancous Company of the Compa Consider the Constitution of the Constitution THE COUNTY COST SET THE STATE OF THE SET OF requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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executed within 24 hours after death. Page 4-

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR							REG. NO.		
	CEASED NAME	FIRST		MIDDLE	L	AST	2a DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
(7.17)	- CATRINGI	JAME	S GI	LLETTE	MU	IR	APRIL	8, 1982		11:08P
3. SE	× Male		4 RACE White		S. DATE C	DF BIRTH た、14, 1947	6 AGE IN YE	ARS LAST BIRTHDAY)	IF UNDER I YE	
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(1	VAS DECEASED EVER YES, NO OR UNKNOWN)		E WAR OR DATES)	214-07-		Mrs. Mary El	len Hin	ckle, 81	lavre de 6 Lafay	Grace ette St.
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25a DATE REC'D.

prone

H. Wayne George 202 Greene St. Cumberland, Md.

DHMH - 16 50M 1/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

executed within 24 hours ofter death. Page 4 may be requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the time should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Item 21 is marked or Item 18 shaws any

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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DECEASED NAME						REG. N		
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	A TOWN IN						A.PY. 13	8210 p.
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BIRTHPLACE (STATE C	R FOREIGN 7	CITIZENOF	WHAT COUNTRY? 8	APPIED NE	VER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH
West Virgi	inia	U.	- A	DOWED	DIVORCED			Allegany M
CITY OR TOWN OF	DEATH 1		HOSPITAL, NURSING H		INSTITUTION	12a USUAL OCCUPAT		12b. KIND OF BUSINESS OF
Cumberland			nv Co Nursi			Self Emple		Home Builder
USUAL RESIDENCE (IFN		THER INSTITUTION	GIVE RESIDENCE BEFORE ADM	ISSION)			3,00	MONEY DULLAGO
Maryland	Alleg		13c. CITY OR TOWN		DE CITY LIMITS?	9 Asbury	Aromio	(TaVala)
4. FATHER'S NAME	UTTE	GII,y	Cumberland	Valles MOT	HER'S MAIDEN NA	ME 7 ASDULY	Avenue	(Tavare)
FIRST	_	DDLE	LAST	14410)	FIRST	WIODIE		LAST
Frank			Myers	110 112 0150	Berta	ADDR	Ecc	Kline
60 WAS DECEASED EV (YES, NO OR UNKNOWN)	(IF YES, GIVE V		166 SOCIAL SECURITY	NO. 17 INFO	KMANI	ADDR	223 Cr	arles Street
No	1 15 0		159-14-990	8 Del	ores A. V	<i>lolfe</i>	Cumber	land, Md
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			OF INJURY	21f. LOC				
21d. INJURY OCC	JRRED			211. LOC	ATION			
	WHILE		REET, FACTORY, OFFICE, FARM,		REET	CITY OR TO	wN	COUNTY STATE
AT WORK AT	WHILE WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FARM,	ETC.) ST	REET	CITY OR TO	wn	COUNTY STATE
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220.1 certify that	WHILE WORK	(AT HOME, STI	e deceased from 82	sec 12	19 80	to agrica	13 19	05
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Silcox-Merritt Funeral Service.Cumberland, Md

DHMH - 16 60M 1/75 (VR A 15 (4))

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	0.		
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	Marylan	đ	USA	WIDOW		Allegany			MD.
10 C	TY OR TOWN OF	DEATH 1	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI		OR OTHER INSTITUTION	170 USUAL OCCUPATE			F BUSINESS OR
(CUMBERL	AND	MEMORIAL		TAL	Retired	1 WORKING LIFE	Rail:	road
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F	Robert	Fr	ancis Ne	lson	Clara	Ett	a	Br	ant
		VER IN U.S. ARM	ED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	- ADDRE	SS -		
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		SNAME (TYPE OR P	P. IAMES		441 N. CEN	ITRE ST.,	CUMBE	ERLAND	. MD

DHMH - 16 50M 1/B1 (VRA 15, 4)

etoined by the haspital or attending physician.

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PHYSICIAN:

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the final should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be final with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the medical exem

IMPORTANT: If Item 21 is marked or Item 18 shows ony

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

236. DATE

William G. Kight,

23¢ NAME OF CEMETERY OR CREMATORY Sunset

Md.

Cumberland,

Md.

MATORY 23d LOCATION
CITY OF TOWN

Park Cumberland Allegany

125a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Mark & Committee to ROBERT MARTIN WELSON APRIL 10, 1982 9:03 CUMBERLAND MEMORIAL HOSPITAL DR. WILLIAM R. IAMES AND M. CENTRE ST., CUMBERLAND, MD APP 1 TANK SERVER STREET AND AND APP 1 TANK SERVER STREET

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STATE OF MARYLAND R 2 FOR DEPARTMENT OF HEALTH AND MENTAL DYCIENE

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	CUMBERL		(IF NOT IN 5	MEMORYSALL	ADTHO S	PITAL	Housewi	OF WORKING LIFE) INDU	
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	YES, NO OR UNKNOWN)		E WAR OR DATES						
	no			214-07-	4996	Mrs. Erma Bu	ckley, Old	town. Md.Da	aughter
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CERTIFICATION	19a DATE OF OPE	RATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	78s AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	INDINGS USED
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	OR CONTRIBUTING	_		A.M. MONTH DA					
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	22 celtify the	alive on.	A	the deceased from	3	nd that if (m) (our) opinion	death occurred on the	date and hour and fra	m the causes stated
	22h JIGNATURE	did (did not	ward this boo	y ofter death.		DEGREE	1		DATE SIGNED
	W.	Du	17		N	ATTENDING PHYSICIAN	MEDICAL STA	AFF (1	-14/0
	DR. W.		FIGCU	S		MEMORIAL H	IOSPITAL M	EDICAL B	LDG.
30 B	SURIAL, CREMATIO	N, REMOVAL	73b. DATE	1 23¢ N	IAME OF C	EMETERY OR CREMATORY	123d LOCATION		
	SPECIFY)						CITY OR TOWN	COUNTY	STATE
	Burial		Ly hr * T	D'TAOY I DE	IVIS	Memorial Ceme	terry Cumbe	rland. All	egnny Md

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The law

HOSPITAL OR

retained by the haspital ar attending physician.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical example

Apr.16,1982 Davis Memorial Cemetery Cumberland, Allegany M Scarpelli, ADDRE: Cumberland, Md. APR 1 9 1982 June June 1 24 FUNERAL DIRECTOR
NAME James F. Scarpelli, ADDRE Cumberland, Md.

Md.

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retained by the haspital ar attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the function and age 3	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the depth certificate he executed within 24 hours often decided.	4	
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STATE OF MARYLAND

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DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner

seel .e. dayrun PARENLAND A MEMORIAL HOSPITAL HOUSEVIEW AVERNIEW A COMPTIONS Md. o Carrett Mt. Lake Dk. g - -Landin 212-M-Chir Mr. Raymond C. Panch name as 13 61772D17767916KEST FILE BOB & HARROWERS THE MIC SEESTIMEDERY FRICING 5 71 16 EAR 3775 ALL 2. 1832 18071. 5 may 1884 1/2 60 51 1994 62 SR. JAHES M. PAVER MEMORIAL HOSPITAL MEDICAL SULLDING

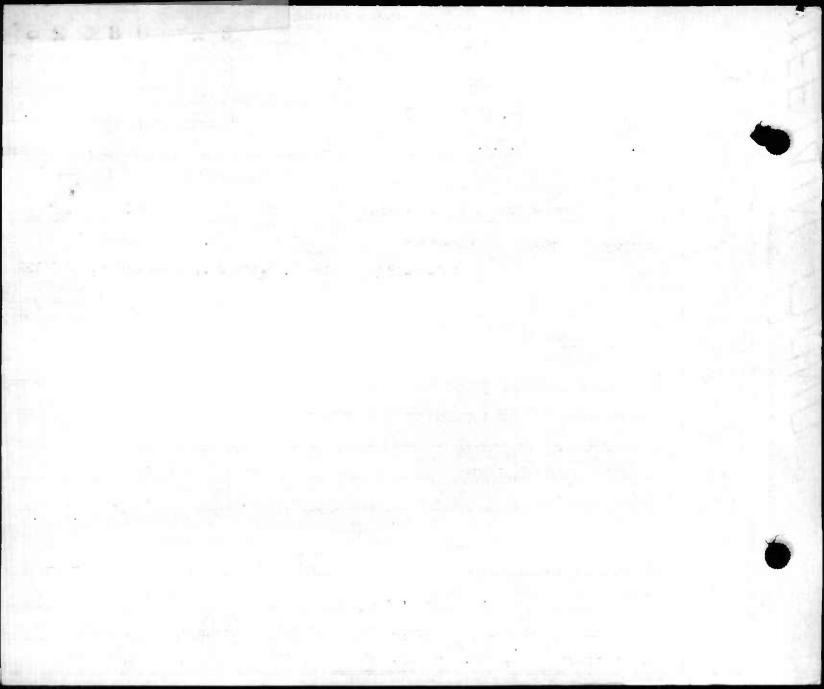
Ourst Funeral Bone Cakland, Maryland

Surgal 4/8/52 Pleagant Valley Com. (syral) Calland Carrett Md.

BP___ **DHMH-17** (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENG

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7	FICATION	19a DATE OF	OPERATION	196. CONDITIO	ON FOR W	HICH OPERAT	ION W	AS PERFOR	MED?				0.7	JTOPSY?	
3	MEDICAL CERTI	UNDERLYING CONTRIBUTIN	NG CAUSE OF D	216. TIME OF I HOUR A.M. 9:30-XXX	MONTH E	6 19 82	ра	sseng			nature of injury in its			ES XX	NO []
<	MED	21d. INJURY C WHILE AT WORK	NOT WHILE X	STREET EACTO	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET INDUSTRIAL BLVd. & South Street, Cumberlain							nd,			
7		22a I certif		e af the remains descr al causes	ibed abave Accident		Autaps de	, Hamic			Inquiry,	Tlegar and in my	ny Co	, M	d.
		ACTUAL SIGNATURE _	Vilgma	L Dola.	-		M.	D. ASS		1 MED	OCAL EXAMINER	DATI	E 4	-26-	82
2		EXAMINER'S I (TYPE OR PRIN	NT)VII 9	inia L. D				ADDRESS			Penn Stre	eet			
	23a. BL (SI	JRIAL, CREMAT PECHY) Bur	ial 23	b. DATÉ L/28/82		me of ceme rest G		Cemet	erv	CITY	OCATION ORTOWN reenspring	y Ham	oshi.r	e W	
		INERAL DIREC	TOR Keith		or	ney, W			APE	REC'D. BY	REGISTRAR 2500	REGISTRANS	SIGNATU	RE	



1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH (TYPE OR PRINT) Vera ummer 3 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH DAY RASY white 1 2 89 12 To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA MD WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION I KOLY LOT CLY (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FROSTBURG FROSTBURG VILLAGE N.H. Frostburg USUAL RESIDENCE LIFNURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 138 COUNTY 130 CITY OR TOWN 13e. STREET ADDRESS 134. INSIDE CITY LIMITS? Allegany Md rostburg NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE N ISABELLE ARNOLD Me WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Ē (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) 215-36-8891 THET.MA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF ä underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION shows 196 CONDITION FOR WHICH/OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION Hygiene NO 00 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION marked STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 NOT WHILE WHILE AT WORK AT WORK 22a | certify that (1) (this hospital) attended the deceased from 41 sow the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (wet (did not) view the 22b. SIGNATURE DEGREE ATTENDING MEDICAL State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME ITYPE OF PRINTS should be with the S

73h DATE

FOR

REGISTRAR

23e BURIAL, CREMATION, REMOVAL

24 FUNERALIO

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

13c. NAME OF CEMETERY OR CREMATORY

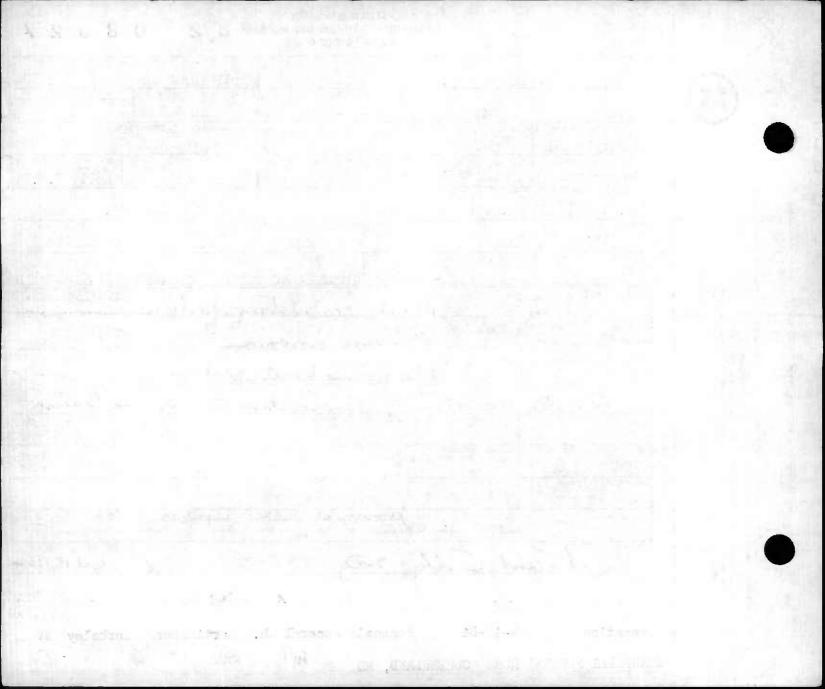
FROSTBURG

REG. NO MONTH DAY YEAR 2b. HOUR 82 IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS MIN BALTIMORE CITY OR COUNTY OF DEATH ALLE GANY 12h KIND OF BUSINESS OR INDUSTRY Shirt tactory WORKER 162 E. College ATKINSON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [CITY OR TOWN COUNTY STATE 22c DATE SIGNED STAFF 23d. LOCATION CITY OR TOWN COUNTY STATE FROSTRIBC

0 2 2 0 3 6 11 2 2 7 WILLIAM PHILLIP AHUCLD ISABELE PROBUNCAS.
PROBUNCAS. CHALMA GREEN, 157 MT. PLEAKAR HERTAL 14/27/E2 FRUSTBIRG S.M. PK FURSTBURG ALLEGAMY. 1D. FURSTBURG SUNTENBER STATES OF THE STATES O

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	1 -	FOR STATE REGISTRAR			NT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH		2 0	8	3 2 7	7
		EASED NAME FIRST DR PRINT)		MIDDLE		.51	20 DATE OF DE		DAY YEAR		
1		Wil	liam	Н.		hind	April 1			12:25	
1	SEX	Male	4 RACE Whit		5. DATE O	22-1901	6 AGE (IN YEARS	1	MONTHS DA		RS IN.
75	C	THPLACE (STATE OR FOREIGN DUNIRY) Pennsylvania Y OR TOWN OF DEATH	USA		MARRIED WIDOWEI	X NEVER MARRIED	9 BALTIMORE	ITY OR COUNT		D OF BUSINESS (MD.
70		Cumberland	Lions	Manor Nur	sing	Home	(TYPE OF WORK FOR	MOST OF WORKING L	IFEI INDUST		
39	3a. S	L RESIDENCE (IF NURSING HOME CATE 136 COL ATE ATE	Tegany	131. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? YES X NO 15 MOTHER'S MAIDEN NA		03 Cecil	St.		
11		William	Henry	Ŕĥind		Afirst		elle	Camp	bell	Ш
e medicol		AS DECEASED EVER IN U.S. A s, no or unknown) (IF yes, G	RMED FORCES?	166 SOCIAL SECURI		17 INFORMANT Lions Manor N	lursing	ADDRESS Home, Set	on Dr.	Cumber1	— and
8 shows any injury, or other troumd	CERTIFICATION	90. DATE OF OPERATION	DUE TO, OI CONDITIONS CC	R AS A CONSEQUENT R AS A CONSEQUENT CONTRIBUTING TO DE	CE OF	WAS PERFORMED	200 AUTOPSY YES NO	IN CERTI	S, WERE FIN FYING CAUS	DINGS USED SES OF DEATH?	=
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MPORTA 32	(5	Ralph Erdly RIAL, CREMATION, REMOVA RECIFY) remation			ME OF CE	Lions Manor N METERY OR CREMATORY Le Funeral Ch	23d. LOCATIO		COUNTY	Maryla	
/B1 24	1 FU	VERAL DIRECTOR NAME ARPELLI FUNERA		CUMBERLAN		APR 2	2 1982	TALLES S	Ann Class	and the second	



	REGISTRAR DECEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 120. DATE OF DEATH MONTH	DAY YEAR 2h HOL
	TYPE OR PRINT)		1 0	20. DATE OF DEATH MONTH	DAY YEAR 26. HOL
	Geor			4	FUNDER LYEAR FUNDER
3	SEX	O 4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	MALE	White	9 34 1911		RS.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	BALTIMORE CITY OR COU	OF DEATH
-	Cumberland, M	d USA	WIDOWED DNORCED	Allegany	COUNTY
12	CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSING		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKS	12b. KIND OF BUSIN INDUSTRY
UF	Rostburg, M		age NIRSING Hom	Laborer	Concrete
2/13	SUAL RESIDENCE (IF NURSING HOME III. STATE 13b. CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOWN		13. STREET ADDRESS	
)	ma. I A	HEGANY Camber	1 200	625 PR	INCETON S
1 14	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
2/	John	T BICE	Hann	Jah Catherin	
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECUI	RITY NO 17 INFORMANT	ADDRESS 62	25 Princeton
	No	214-05-6	21 Mrs. Mary E.	Rice C	mberland, Md
iry, or other	Conditions, if ony, which gove rise to immediate couse to, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF NOVIA	1	agos, to Bu
any injury,			<u>BEATH</u> BUT NOT RELATED TO THE TERM	A ST	
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9	21a. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
/ 3	OR CONTRIBUTING CAUSE OF	ot min	19		
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2		spital briended the deceased from	met 10 190-	- 10 laplace	3, 19
	sow the deceased alive above (h (we) (did) (did	011	and that in (my) (out) opinion	death accurred on the date and	
	22h SHOTPATLINE	12. 1	DEGREE	AMEDICAL STAFF	TIL DATE SIGNED
	(happ	my C		MEDICAL STAFF DIRECTOR PHYSICIAN	04/06/0
	224 PHYSICIAN S NAME (TH	y Green)	22e. ADDRESS		, (
/	OH M.D.	62	48 Tarn Terr	ace Frostburg	Maryland 21
23	a. BURIAL, CREMATION, REMOV	AL 236. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY ST
	1				
	Burial	Apr 9, 1982 Su	nset Memorial Parl	Cumberland	Allegany Mary
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STATE OF MARYLAND

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onerete (auherine 625 Frinceton carect Mrs. lary B. Mice Cumberland, 1d AS Form Terry oe Prosumpte, Mary and OT 92 Tainer or 9, 1982 Sunset Memorial Park Subberland Alleren, Maryland LOW Decatur St " cox- erritt maers fervice. Turber and. 'c

	1. DE	- STATE REGISTRAR CEASED NAME	FIRST	MIDDLE		FICATE OF DEATH	20. DATE OF	REG. NO.	DAY YEAR 2b. F
th 3		OR PRINT)		John		Rilev	20. DATE OF		20.1
may b	3 SE	X	Joseph 4. RACE			OF BIRTH	& AGE (IN YE	Apr 2	24 1982 1 IF UNDER I YEAR IF UP
7		Male	TATI	hite	Feb			68 YRS	MONTHS DAYS HOL
of (MA)	70. B	IRTHPLACE (STATE OR F		EN OF WHAT COUNT	V2 8		9 BALTIMO	RE CITY OR COUN	
the state of		OUNTRY) Vest Virgin	nia I	U.S.A.	WIDOW	NEVER MARRIED	_ 1		Allegany
p is		ITY OR TOWN OF DEA	ATH 11. NA	ME OF HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION		CCUPATION	126. KIND OF BUS
10 E	Lav	/ale		ot in such facility, give sti reen Point		Rt #1		tion Cont	tractor- Ci
hoor En A	USU			STITUTION, GIVE RESIDENCE BE	FORE ADMISSION				0.1
22 all 24	2	ryland	Allegany	LaVale		YES NO		- Box 23	5
etely d 2 sh		ATHER'S NAME	WIDGLE	LAST		15. MOTHER'S MAIDEN N		WIDDIE	LAST
comple 1 and		John	Josep		ey	Marth	3		Albrigh
		WAS DECEASED EVER	IN U.S. ARMED FO		CURITY NO.	17 INFORMANT		ADDRESS Rt	#1- Box 23
9 00 8		No	(4 100,0110 11741 0110	210-10	-7885	Mrs. Joseph	Riley		Vale. Md
rtificate by physicia and papers. emaval.		18 CAUSE OF DEAT	H (Enter anly one co	ause per line far (a), (b),	and (c).)	1 1			APPROXIMATE I
the death ce the attendin remave carb emation, ar		Conditions, if any gave rise to im- cause (a), statir	mediate	E TO, OR AS A CONSE (b)	patro	c Failure		0 -1 (
that the d by the lease rer ial, crem ar ather		gave rise to imicause (a), statir underlying cause	mediate age to be last.	(b) HE E TO OR AS A CONSE	PATO OVENCE OF ITIC	denocarci		. Prostate	2
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LEASE CTOR FILES OURS REET,	(TYP		ROBERT S. DATE OF BIRTH		(IN YEARS IF U	V NDER 1 YR. IF UNDER	OF ESTI- XX DEATH MATED 4	-7-82 19 26. HOUR
ACCESSAR, PLEASE UNREAL DIRECTOR 5 FOR YOUR FILES WITHIN 72 HOURS W. PRESTON STREET	70. B	nale white	Dec.23.1	932 4	18		9 BALTIMORE CITY OR CO	-7-82 19 8:30 DUNTY OF DEATH
DELAY IS RECESSAR PARTIES OF THE FUNERAL DIRECTOR OF PARTIES OF YOUR TO SEE FILED, WITHIN 72 HC (20) W. PRESTON STILL OF THE PARTIES OF THE P	ID. CI	REIGN COUNTRY) West Virginia TY OR TOWN OF DEATH IMberland	Sacred	PITAL, NURSING I	WIDON HOME, OR OT PRESS)			or industry Local 616
AND SHOULD SHOUL	13a. S	Maryland All	or other institution, GN ITY .egany	13c. CITY OR TO Cumber	DMISSION)	13d INSIDE CITY LIMITS? YES NO S 15. MOTHER'S MAID FIRST	TOUGH OF TOUTE	y Road
AFTE VE F	16a. V (Y	Robert /AS DECEASED EVER IN U.S. AR/ is, no, or unknown) (IF YES, GIVE	C. Riley MED FORCES? WAR OR DATES) Prean	16b. SOCIAL SEC	CURITY NO.	Helen 17. INFORMANT	Spencer ADDRESS da Riley, Cumberla	
25, 201 W. PRESTON ST., ECUTED WITHIN 24 HOUR G". IN PENCIL IN ITEM 18. G". IN PENCIL IN ITEM 18. SURIAL - TERMIT. AND MENTAL HYGIENE, DATION, OR REMOVAL.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE! Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last. PART 2 DINER SIGNIFICANT (DNDITIDNS)	D BY: TE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	Shotgun was a conseque	NCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STABBAUTIMORE, MARYLAND, 2		ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Mar	yété A	Accident ,	Suicide ()	TITLE (SPECIFY) ARSSISTANT ADDRESS 11 PO		ATE IGNED 4-8-82
BP	(:	PRIAL, CREMATION, REMOVAL 2 Burial UNERAL DIRECTOR	JE DATE 4-10-1982	23c. NAME C	et Mem	orial Park	23d LOCATION CUMberland, All REC'D. BY REGISTRA 256. REGISTRA	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	James F. Sc	carpelli,	Cumberla	ind, Md		PR 1 3 1984 Trans	()

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haupital or attending physicion.

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STATE OF MARYLAND

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	CEASED NAME	FIRST	4.1-	MIDDLE	74.4	LAST		2a. DATE	OF DEATH	MONTH	DAY YEAR	2b. HOL	
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10. €	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER II	NSTITUTION		AL OCCUPATI			OF BUSIN	
0	CUMBERLAND		309 S	CHLEY STI	ADDRESS)				URED SE			TRACI	ring
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	IARYLAND		GANY	CUMBERLA		YES A	NO [SCH LEY	STRE			
14. F.	ATHER'S NAME					15 MOTH	R'S MAIDEN NA	ME					
	RICHARI)	D.	ROBERT SON	1		SARAH		WIDDLE	5	LIDER	AST	
160.	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDRE	SS			
. (YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-05-8	3975	JEAN	SHERMAN	4950	WINTER	SONG	LANE W	ID'SYMDI	RVTL
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	underlying cause	lost.	((c)_										
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IFIC								YES	X XON		FYING CAUSE	S OF DEA	
ERI	21g. ACCIDENT WAS UN	DERLYING [1 21b. TIME O	FINJURY		21c HOW	INJURY OCCUR	-	all Vennett St.				
	OR CONTRIBUTING		HOUR A.	M. MONTH DA	YEAR								
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.,		19	W 1001	TION						
WED	WHILE I'T HOT W		(AT HOME, STA	DE INJURY SET, FACTORY, OFFICE, F	ARM, ETC.)	311 FOCY			CITY OF TOW	N	COUNTY	30	TATE
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	saw the decease obove, (1) (we) in			19_	/ 0	nd that in (n	ny) (our) opinion	death accu	red on the do	te and hou	r and from the	e couses sh	oted
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DHMH-16 60M 1/73 (VR A 15 (4))

24 FUNERAL DIRECTOR

SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MD.

APR 7 BY REGISTRAR 230 HEGISTRAINS SIGNS LINE

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

should be detached for use as the burio-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND

REGISTRAR 1. DECEASED NAME	FIRST		MIDDLE		LAST	REG. 1		26. HOUR
(TYPE OR PRINT)	CHA	RLES	THOMAS	RC	BOSSON	APRIL 1	7,1982	11:45
3. SEX		4 RACE	11.50		OF BIRTH "	6. AGE (IN YEARS LAST B		
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Maryland		USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY Alleg	OR COUNTY OF DEATH	MD.
10 CITY OR TOWN OF CUMBERLA	ND	MEMO	RIALGIVHOS	PITA	DR OTHER INSTITUTION	120. USUAL OCCUPA	TION 12b. KINE OF WORKING LIFE) LINDUSTI	of Business or red
USUAL RESIDENCE (# 130. STATE Maryland	13b. COL All	ROTHER INSTITUTION NTY egany	I GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	Box #1	
14. FATHER'S NAME		MIDDLE	LAST	13	15. MOTHER'S MAIDEN NA	ME	*	LAST
Charl	es	T.	Robosso	n	Elizak		Smi	
160. WAS DECEASED E		RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDI		
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DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital ar attending physician.

TO HOSPITAL

BP.

William G. Kight, Cumberland, Md.

PR Cumberland Allegany Md.

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CHARLES THOMAS ROBOSSON APRIL 17,1982 11:55 TUNBERLAND MEMORIAL HOSPITAL The state of the s . The state of the SANTEN FRA ABOUT RAVER MEMORIAL HOSPITAL MED. BLDG. CHMSERKAND, MARYLAND 21502

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T., BAL	HOURS 1 18. GI	G WITI	IE, DIVI
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	CAL EXAMINER ; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NIFT THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM. 18. GIVE PAGES 1, 2. AND 3.10 THE FULK	SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN A PAIN DIRECTOR, PAGE 3. SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1. AND 2. SHOULD BE	ATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIAL PECORD
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AL EXAMINER: THE CERTIFICATE, HOULD BE FORWAL DIRECTOR: PY TH, WITH THE ST. S. MARYLAND, 212.		220. I cert deoth result ACTUAL SIGNATURE	ify that I took charg	e of the remains de-	Accident ,	Suicide C	, Homic	cide ,	Undetermined m	nonner .	DATE SIGNED 4	/21/82	2
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH, BALTIMORE, M	4	EXAMINER'S (TYPE OR PR	INT) /V/C	HOLAS		RITA	_ADDRESS_	900	SETO.	N DR.			
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3. SE	x Male		4. RACE	Δ 1	5 DATE O	OF BIRTH DAY	1907	6. AGE (IN YEAR	,	IF UNDER	I YEAR BAYS	IF UNDER 24 H
1	IRTHPLACE (STATE OF	R FOREIGN		WHAT COUNTRY	? 8.	D NEVER	MARRIED	1	CITY OR COUL	NTY OF DEA	ATH	
10 C	umberland		SACR	HOSPITAL, NURS CHEACUITY, GIVE STREE ED HEART	HOSPI		NOITUTITE	12a USUAL OC (TYPE OF WORK FO Watchm	OR MOST OF WORKIN	G LIFE) INDU	CIND OF USTRY City	BUSINESS
13a. S Ma:	AL RESIDENCE (IF NUI STATE ryland	13b COUN	OTHER INSTITUTION	13c. CITY OR TO	WN	13d INSIDE	NO 🗌		nberry	Avenue		
	Joseph	1	WIDDIE	Ruppe		15 MOTHER	rs maiden na first Ann		MIDDLE		St.	raub
	MAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES?	166. SOCIAL SEC 214-05-		James		pert, S		8 Columberla	bd,	
2003	Conditions, if on gove rise to imcouse (a), statunderlying cous	MMEDIAT y, which immediate ing the	DUE TO, C	R AS A CONSEQUER AS A CONSEQUER	70	co	1/c	neis,	ele si 26 me	e.	6	yes
CERTIFICATION	PART 2 OTHER SIG	cot	ul	ONTRIBUTING TO	lie	my	*Po	the AULON	20b. IF	GIVEN IN PA	FINDIN	GS USED
MEDICAL CER	21a, ACCIDENT WAS UN OR CONTRIBUTING UP EITHER NOTIFY MEE 21d. IN JURY OCCUP	CAUSE OF DEA	21e PLACE		DAY YEAR 19	21c. HOW II	ION	RED (ENTER NATUR	E OF INJURY IN ITEM		ш	STATE
	220. I certify the sow the deceo	Ork Othis hospi sed olive on	231	tory 19	and the same of th	id that in my	, 19 O(our) opinion	death occurred o	5 Ago	19 8		not (j(we) l
	226 SIGNATURE	110	5//	ille	els	22e ADDRE		MEDICAL DIRECTOR	STAFF PHYSICIAN	24	DATES	E S

122 S. CENTRE ST., CUMBERLAND, MD.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

retained by the haspital or attending physician

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial Apr 26.1982 S.S. Peter & Paul Cem Cumberland Allerany Maryland

24 FUNERAL DIRECTOR

SILCOX-MERRITT FUNERAL HOME CUMBERLAND, MD. 21502 BP

FREDERICK MILTENBERGER, M.D.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exeminer/myst be navitied or pace should be detached for use as the buriot-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriot, cremation, or removal.

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STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	08336
3. SE		NC.	- 4 RACE White	B.	RU S. DATE C	55LER DF BIRTH h 19 ^{DAY} 1878°	2a. DATE OF DEATH MONTH APRIL 7 6 AGE IIN YEARS LAST BIRTHDAY) 104	DAY YEAR 26 HOUR 1982 2:00 PM IF UNDER 1 YEAR IF UNDER 24 HIS. MONTHS DAYS HOURS MIN.
7a B	RTHPLACE (STATE OR F		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR COUR Allegany	
	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN CHEACILITY GIVESTREET Land Nur:		DR OTHER INSTITUTION HOME	Housewife	12b. KIND OF BUSINESS OR OWN HOME
USU. 13a. 3	AL RESIDENCE (IF NURS STATE Id.	Alle	OTHER INSTITUTION NTY Bany	GIVE RESIDENCE BEFORE Cumberla	nd N	13d. INSIDE CITY LIMITS?	15 Virginia Av	re.
	ohn FIRST		WIDDLE	Bisel		15. MOTHER'S MAIDEN NAM	ME MIDDLE Wine	gert LAST
No.	VAS DECEASED EVER		MED FORCES?	16b SOCIAL SECU	RITY NO.	Louis E. Mar	tin, Cumberland	l, Md. (Nephew)
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse ial, stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO	which nediote g the lost which nediote g the lost with the lost with the lost with the lost of the lost with the lost of the l	DUE TO, O (c) TONDITIONS C ONDITIONS C 19b COND 19b COND 21b. TIME C HOUR A P. 21e PLACE (AT HOME, ST tol) ottended th	OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, FA	OPERATIO VY YEAR 19 ARM, ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET 19 19 10 that in (my) (our) opinion of opinion opinion of opinion opini	YES NO NO IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1 IB PART LOR PART 2) COUNTY STATE
	274. PHYSICIAN'S NA	WE THE	P. Hi	AZMO	5	300 S	sheleyst.	Curberland, Ild

23c NAME OF CEMETERY OR CREMATORY
St. Mary's Cemetery

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

should be detached for use as the burial-transit permit. Then please remove carbanoopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examination

requires that the death certificate be executed within 24 hours of

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

DHMH - 16 50M 1/B1 (VRA 15, 4)

James of Scarpelli, Cumberlandos Md.

23a. BURIAL, CREMATION, REMOVAL

Burial

23b. DATE 4-10-82

23d LOCATION
Cumberland

Allegany Matate

APR 1 3 1982 REGISTRATION REGISTRATION APRIL 1982

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Q	1	FOR - STATE REGISTRAR		DEPARTI	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	MENE 8 2	08337
oge 3 death	I DE	CEASED NAME E OR PRINT)	OISE	MIDDLE	SH	A F C F O	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
pog	3 SE	X	4. RACE	J-218-1	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
100		Female	White		Fet	. 19, 1896	86 _v	MONTHS DATS HOURS MIN.
1 19 /2/		IRTHPLACE (STATE ORFO		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
de d	10 C	Md.	U.S.		WIDOW	DIVORCED DO DIVORCED	Allegany	MD.
to the title of th	C	umberland	CUMB	ERLAND A	INRS I	1	(TYPE OF WORK FOR MOST OF WORK) Secretary	ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY legal-Gov!t.
filled mayld t	130.	Md.	NG HOME OR OTHER INSTITUTION 13b. COUNTY Allegany	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumberl	N	13d INSIDE CITY LIMITS? YES TO [13e. STREET ADDRESS 753 Fayett	
within d 2 sl	14. F	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	LAST
complete	16. 3	Robert	Cresap N U.S. ARMED FORCES?	Wils		Lillie	В.	Stotler
Pages medici		YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECU 217-10-7		Grace Walli	address 751 Fayette	St. Cumb. Md.
rtificate by physicia on papers. emavol.		18. CAUSE OF DEATH PART 1. DEATH WA	(Enter only one couse pe	er line for (ar. 19), one	0 -	6 'c d)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the death certing by the attending process remove carbon ial, cremation, ar remore or or other traumatic expensions.		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which (b)_	DR AS A CONSEQUE		-m s un		
equires signe Then p to bur njury,	NO	PART 2. OTHER SIGN	FICANT CONDITIONS	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
YSICIAN: The law reding physicion. Is certificate has been burol-transit permit. Mental Hygiene prior tem 18 shows ony in	CERTIFICATION	19a DATE OF OPERATI	ON 196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{VE} \) NO \(\text{NO} \)
PHYSICIAN: 1 ending physic this certificate te buriol-trans ad Mental Hyg d or Item 18 sh		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICAL	SUSE OF DEATH HOUR A	DF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEN	M 18, PART 1 OR PART 2)
t a t a p	MEDICAL	21d INJURY OCCURRE	Z1e. PLACE	OF INJURY FREET, FACTORY, OFFICE, FA		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDING Pospital or atterior atterior at for use as the for use as the call is morked in 21 is morked		22a I certify that (I) (this hospital) attended t	180 10	01	nd that in (my) (our) opinion o	toto	hour and from the couses stated
SPITAL OR Ad by the has NERAL DIRECTOR Be detoched e State Dept.		22b. SIGNATURE	Polu	W		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	23L DATE SIGNED
O HOSPITAL OR A etained by the has TO FUNERAL DIREC should be detoched with the State Dept.		22d PHYSICIAN'S NA	THE OP PRINT)) (22e. ADDRESS	Clerk Cu	wkeland
BP	23a E	SPECIFY)				emetery or crematory 11 Cemetery	23d LOCATION CITY OR TOWN Cumberland	COUNTY STATE
DHMH - 16 50M 1/B1	24 FU	JNERAL DIRECTOR		101 5		250 DATE		Allegany Md.
(VRA 15, 4)		Silcox-Merr	itt Fun'l Se	er. Cumber	rland	, Md.	W T 9 1307 21	U/

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	1.	FOR STATE			DEPART	MENT OF I	E OF MARYLAND FEALTH AND MENTAL HYG	IENE 8 2	0	8	3 3
		REGISTRAR	TIRCT		MIDDLE		ELAST DEATH	REG. N		11 11	In the
~		CEASED NAME E OR PRINT)	FIRST		WINDIE			20. DATE OF DEATH		AY YEAR	2b. HO
(M	3 SE		Mary	RACE	Е.	She 5. DATE (Parer	April 9		IF UNDER 1 YEA	IR I INUNDER
		Female			ite	6/1	6/1902 YEAR	79		ONTHS DAY	
3		RTHPLACE (STATE OR F		U.	WHAT COUNTRY?	WIDOW		9. BALTIMORE CITY C		OF DEATH	V
Officed		Frostbur			HOSPITAL, NURSIN		OR OTHER INSTITUTION	THOUSEWT			OF BUSIN
anst pe	USU 13a	AL RESIDENCE (IF NURS STATE Md	13 JOHN	sany	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Community (Community)	.14. F/	Daniel	Eli;	jah	Johnso	on	15. MOTHER'S MAIDEN NAME Bertha	MIDDLE	A	very	AST
nedicol		VAS DECEASED EVER	IN U.S. ARME (IF YES, GIVE W		16b. SOCIAL SECU	IRITY NO.	William Sh	nearer ADDR	cumber	land	, Md
emovol event, t	1	18 CAUSE OF DEATH PART I. DEATH W	IMMEDIATE C	CAUSE (a)		7	IAC AL	12261			
ell prior a burial, cremotion, or remov ans arr mlury, or other troumotic event	TIFICATION	Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2. OTHER SIGN	which nediate ag the last.	DUE TO, O (b) DUE TO, O (c) NDITIONS C	OR AS A CONSEQUE	ENCE OF	NIT PER	TO PCI	5,	WERE FINE	INGS USE
inal, cremotion, or rem , or other troumotic eve	AL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2. OTHER SIGN The DATE OF OPERAL The ACCIDENT WAS UNCONCOMMENTATION CONTINUED TO THE CONTINUED TO THE CONTINUED TO THE ACCIDENT WAS UNCONCOMMENTATION.	which mediate go the lost. NIFICANT COT	DUE TO, O (b) DUE TO, O (c) INDITIONS C THE COND THE TIME C HOLER A	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO DE	DEATH BUT	NY PE	TO RIS	DITION GIVE	WERE FINE	INGS USE ES OF DEA NO [
there are no ourial, cremotion, or rem share are miluty, or other troumotic eve	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2. OTHER SIGN The DATE OF OPERAT	which mediate go the lost. NIFICANT COT	DUE TO, O (b) DUE TO, O (c) NDITIONS C THE COND THE TIME C HOUR A P. 21s. PLACE	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D	DEATH BUT OPERATION	NY AREATED TO THE TERM	INAL DISEASE OR CON 286 AUTOPSY? YES NO CENTRA NATURE OF PAU CITY ON TO	ZIL IF YES, IN CERTIFY YES	WERE FING ING CAUSI ING CAUSI ING CAUSI	NO (
State Lepp of Health and Million Projects o Duriot, cremotion, or tem		Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2. OTHER SIGN The DATE OF OPERAL THE ACCURATE WAS UNCORRECTED IN THE ACCURATE WAS UNDERLY OCCURATE AT WITH A CONTRACT OF THE ACCURATE WAS UNDERLY	which mediate go the lost. NIFICANT COT	DUE TO, O (b) DUE TO, O (c) ITH. COND THE TIME C HOUR A P. 21e PLACE (AT HOME ST	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING	DEATH BUT OPERATION	NO RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCURE	INAL DISEASE OR CON 286 AUTOPSY? YES NO DEED (ENTER HATURE OF PHIL	DITION GIVE THE IF YES, IN CERTIFY YES WHY THE IN TEM IS AND THE	WERE FING ING CAUSI ING CAUSI ING CAUSI	NO (
there are no ourial, cremotion, or rem share are miluty, or other troumotic eve	WEDICAL	Conditions, if ony, gove rise to improve (o), statin underlying couse PART 2. OTHER SIGN The DATE OF OPERAT THE ACCIDENT WAS UND OR CONTINUED TO COURT THE ACCIDENT WAS UNDERLY TO COURT WAS UNDER	which mediate go the is lost. NIFICANT CONTION TION TION THE CANTE OF DEATH CANTE	DUE TO, O (b) DUE TO, O (c) ITH. COND THE TIME C HOUR A P. 21e PLACE (AT HOME ST	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING	DEATH BUT OPERATION AY YEAR 19	NO RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN E	INAL DISEASE OR CON THE AUTOPSYT YES NO CONTROL OF POLICE COTT ON TO	DITION GIVE THE IF YES, IN CERTIFY YES WHY THE IN TEM IS AND THE	WERE FINE ING CAUSE COLUMN COL	NO [

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medical exam

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

8 2

8 3 3

REGISTRAR				CERTI	FICATE OF DEATH	REG. NO.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST VIR	RGINIA	MIDDIE		EWBRIDGE	APRIL 6, 1982		26 HOUR 5:42 A _M
Female		4 RACE White			OF BIRTH 1+26, 01/913 YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
Maryland	E OR FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	8 MARRII WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	MD.
10 CITY OR TOWN OF			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Retired	KING LIFE) INDUSTRY	of Business or d Educati
USUAL RESIDENCE (# 130 STATE Maryland	136 COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Cumber1	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Sunrise Ave		
	tthew A		LAST		15. MOTHER'S MAIDEN NA	Daisy George	LA	AST
160 WAS DECEASED E (YES NO OR UNKNOW!		MED FORCES? E WAR OR DATES)	214-07-		Mr. Ersal J.	ADDRESS Shewbridge,	Cumberlan	d, Husband
PART 2. OTHER	immediate stating the ouse lost.	DUE TO, OF	R AS A CONSEQUE	ma NCE OF and	ss'are ante	of. MINAL DISEASE OR CONDITION	IN GIVEN IN PART 1	10
190. DATE OF OP	D n	ellite	ī.		DN WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDS	INGS USED
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OC	CAUSE OF DEA	P./	M. MONTH DA M.	19	216. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN II	YES	NO
220.1 certify the sow the de- obove, (1) (v	of (I) (this hospit ceased alive on ve) (did) (did not	t) view the body	after death	4	DEGREE M P ATTENDING PHYSICIAN D 270 ADDRESS MEMOR	RIAL MEDICAL B	271. DATE	7 that (I) (we) last e couses stated E SIGNED 6 - 82
230 BURIAL, CREMATI (SPECIFY) Buria	on, removal	23b DATE 4-8-198			CUMBE CEMETERY OR CREMATORY t Memorial Par	RLAND, MD. 215 23d LOCATION CITY OR TOWN CLUMberland	county	yoMd."
24 FUNERAL DIRECTO	s F. Sca	arpelli	, Cumberl	and,	Md. 21502 250 D	PRE'D BY REGISTER 25b. B	France Submin	andless of

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

TO HOSPITAL

BP.

VILLEVILA I SHEVBRIDGE APRIL 5, 1982 F. C. A. CURRENUM HERELIAL HOSPITAL

CUNDERLAND, MD. 21503

and the second property of the second

n and completely filled in by the Pages 1 and 2 should be filed w

the ottending physicion

certificate has been

BP

(VRA 15, 4)

18 shows ony

STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYD ICATE OF DEATH	REG. N	U 10.	8 3	4 0
		ine S	Stephen		Sloan	20. DATE OF DEATH April 1	1,1982		7:30A
	Female	4. RACE Wh:	lte	1 2 C	0/1893 YEAR	6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	B. BIRTHPLACE (STATE OR FOR COUNTRY)		WHAT COUNTRY?	8. MARRIEL WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		OF DEATH	WE
	Cumberland	11. NAME OF	HOSPITAL, NURSIN	Sp1 ta	ROTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O INDUSTRY	F BUSINESS OR
1	USUAL RESIDENCE (IF NURSING 130. STATE 13	home or other institution b. COUNTY llegany	136. CITY OR TOW Lonaco	VN I	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS	East I	Main :	Street
1	14. FATHER'S NAME FIRST James	MIDDLE	Sloan	- 94	15. MOTHER'S MAIDEN NA Minnie	WE	S.	Symon	
	16a WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	213-20-		Margaret	Sloan	ESS Lonac o		
	18. CAUSE OF DEATH I PART I, DEATH WAS	Enter only one couse pe CAUSED BY: AMEDIATE CAUSE (o)	r line for (a), (b), or	live	fout .	Farlure		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, w	which ((b)_	PRASIA CONSEQU	ence of oscu	notic H	least B	repre		
	couse (a), stating underlying couse		DR AS A CONSEQU	ENCE OF					
			ren al	DEATH BUT	NOT RELATED TO THE TERM				
1	190. DATE OF OPERATIO	DN 196. CONE	ITION FOR WHICH	OPERATION	N WAS PERFORMED	28a AUTOPSY? YES NO		WERE FINDIN ING CAUSES	
)		ISE OF DEATH HOUR A	OF INJURY M. MONTH D M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	JRY IN ITEM 18 PAR	IT 1 OR PART 2)	
	OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURREE WHILE NOTIFY MEDICAL WHILE AT WORK AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,		21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE

TO FUNERAL DIRECTOR: After IMPORTANT: If hem 21 is should be detoched with the State Dept.

23b. DATE 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

22b. SJON ATURE

sow the deceased alive an above, (I) (we) (did) (did not) view

4/13/82

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

22e ADDRESS

DEGREE

23d LOCATION
CITY OF TOWN
Frostburg

and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY

22c. DATE SIGNED

STATE Md

_, that (1) (we) lost

24 FUNERAL DIRECTOR DHMH-16 30M 2/80

Eichhorn Funeral Home

22a.1 certify that (1) (this haspital) attended the deceased from

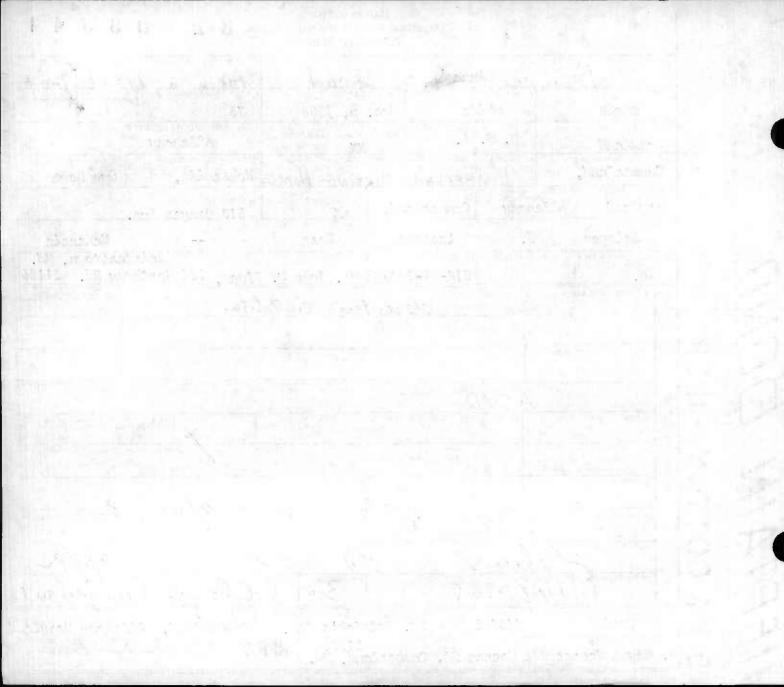
25a. DATE REC'D. Lonaconing,

ATTENDING PHYSICIAN

BY REGISTRAR 250, REGISTRAR'S SIGNATURE

O I L C II L L II BENEFIT IN Actit Student Lies medical Co. Tilak The second design of the secon Anomy the state of the second the remaining the contract of by continents, the Linear Selvin. Intro-E. . COSTO . MOST & Language . Long confers . Ed.

0	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 2	0	8 3	4
after death		OR PRINT)	FIRST A RACE	Anna	S. DATE O Month	LOAN	20. DATE OF DEATH APRIL 6. AGE (IN YEARS LAST BIR	MONTH DAY	YEAR WINDER I YEAR WINS DAYS	2b. HOUR 7:00 AM IF UNDER 24 HRS HOURS MIN.
ter death. Page he funeral direc within 72 hours	M	RTHPLACE (STATE OR FOR COUNTRY) aryland	76 CITIZEN	OF WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	any		MD.
in by the filed	C		HOME OR OTHER INSTITU		ADMISSION)	SING HOME	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUS EVEL JE	ON IF WORKING LIFE)	IZE KIND O INDUSTRY OWN F	of BUSINESS OR
ithin 24 tely filled 2 shauld inermysi		ryland 13	Allegany	Cumberla Leasur		13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAI 70 - FIRST	13e STREET ADDRESS 510 Dreye	r Ave.	- AAS	ı,
be executed we an and cample is. Pages I and example	16a \	VAS DECEASED EVER IN		S? 166 SOCIAL SECU	RITY NO.	Roser 17 INFORMANT Mr. John (V.		ssReist Northw	erstou	
equires that the death certificate is signed by the attending physicic her please remove carbon paper to burial, cremation, ar removal injury, or other traumatic event, that	NO	Canditians, if any, we gave rise to immed cause (a), stating underlying cause	DUE TO the last.	D, OR AS A CONSEQUE D, OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 110	31
N. The law re sysician. ysician. ricase has beer reast permit. Hygiene prior. 18 shows any i	CERTIFICATION	19a. DATE OF OPERATIO		ONDITION FOR WHICH	OPERATION		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	IGS USED OF DEATH? NO
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DHMH - 16 50M 1/B1 (VRA 15, 4)		Wayne Georg	ge 202 Gre	ene St. Cu	mberlo		RETO. BY 1982	256 SEGISTRA	r's signatu	SE Cien



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should be detoched for use os the buriol-tronsit permit. Then please remove cartist with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, are

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The law

HOSPITAL

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retained by the hospital or attending physician.

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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								REG. NO.			
	CEASED NAME	FIRST	,	MIDDLE	L	AST	20 DATE OF	DEATH MONTH	DAY	YEAR	2b HOUR
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3. SE	X	4.	RACE		S. DATE C		6. AGE INY	EARS LAST BIRTHDAY)	IF UND	DAYS &	HOURS MIN
	Male	To I	Whi		2	14 05		77 YRS		DATS	HOURS MIN
	IRTHPLACE (STATE OR COUNTRY)	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMO	RE CITY OR COUN	ITY OF D	EATH	
	est Virgin			S.A.	WIDOWE		AL	LEGANY CO	UNTY		٨
10. CI	ITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKING		KIND O	F BUSINESS O
	umberland		SA	ACRED HEAF		SPITAL		erk			ilroad
	AL RESIDENCE (IF NUR STATE	13b COUNTY		136. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS			
Ma	aryland	Alle	egany	Western	port	YES X NO		Potomac	Stre	et	
14. FA	ATHER'S NAME	A I	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE			
	Frank		5.	Smith		Lena		WIDDLE		Hu	th
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS 11	O Po	toma	c Stree
(,	NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES}	214-05-	4694	Mrs. Helen S	mith	Westernp	ort,	Mar	yland
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DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

(SPECIFY)

/82

23c. NAME OF CEMETERY OR CREMATORY Potomac MemorialGarden Keyser Print 256. DATE REC'D. BY REGISTRAN 256. REGISTRAN

LOCATION CITY OR TOWN

STATE

24 FUNERAL DIRECTOR NAME WM. H 26750 PIFDMONT

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FOR

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		Male	White		2. 10, 1917 AR	64	MONTHS DAYS	HOURS A
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9	14 FA	THER'S NAME William	MIDDLE B.	Smith	15 MOTHER'S MAIDEN N	MIDDLE		nnon
5		ES. NO OR UNKNOWN) I IF YES.	GIVE WAR OR DATES	CIAL SECURITY NO		ADDRE	0001 1000010	io, Tex
5	_	Yes, W.	W. # 2 236	5-14-5596	Mrs. Phylli	s M. Snyder,		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for SED BY:	(0), (b), and (c).	0.0	10-	BETWEEN	XIMATE INTERVA NONSET AND DE
		Conditions, if ony, which	DUE TO, OR AS A	CONSEQUENCE OF	On who up t	27 Center	uz advanu	0
	H	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A	Jack	ceessia	ALC:		
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	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	ORY, OFFICE FARM, ETC.)	211 LOCATION	CITY OR TOV	NN COUNTY	STAT
		220.1 certify that (1) (this has sow the deceased alive	nn.	10	ond that in (my) (our) opinion	, to		, that (I) (we
- 1	Ш	obove, (I) (we) (did) (did) 22b. SIGNATURE	not) view the body offer de	eoth.	DEGREE	- deom octorred on me do		E SIGNED
		7		une		MEDICAL STAF		-5-8
	- 6	224 PHYSICIAN'S NAME ITYP	E OR PRINT)		22e ADDRESS			
1		JOHN B. MEHAN				DRIVE, CUMB	ERLAND, MD 2	1502
	23a. B	URIAL, CREMATION, REMOV,			COMETERY OR CREMATORY		D - 1 COUNTY	(1 SFA
		DUULLU	4/8/82	Stath	iker Cem.	bevery.	Randolph.	W. Va

4:35 PM IF UNDER 1 YEAR DAYS HOURS.

12h KIND OF BUSINESS OR W. Md. Rwy.

Shannon

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

19_____, that (I) (we) lost

Randolph. W. Va.

24 FUNERAHDIREWONNE GEORGE 202 GREEN STREET, GEORGE FUNERAL HOME: CUMBERLAND, MD 21502

APR

250. DATE REC'D. BY REGISTRAR 250 EGISTRAR'S SIGNATURE rance

DHMH - 16 50M 1/81 (VRA 15, 4)

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1	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0	8 3	4 4
		CEASED NAME OR PRINT)	FIRST		AYMOND		NYDER	20. DATE OF DEATH APRIL 25	MONTH DA		26. HOUR A
	3. SEX	Male		4 RACE White		5. DATE O		6. AGE (IN YEARS LAST BI	RIHDAY)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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	Ye.	AS DECEASED EVER ES, NO OR UNKNOWN) S		MED FORCES?	213-22-		Charles J.	onyder Cum		d, MD	Son
		18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to improve (o), stotic underlying couse	/AS CAUSEI IMMEDIAT , which mediate ig the	DUE TO, OI	R AS A CONSEQUE	NCE OF	ilmay ones	<i>x</i>		APPROXI BETWEEN (MATE INTERVAL PASET AND DEATH
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22e. ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Sunset Memorial Pk.

TO FUNERAL DIRECTOR: After

should be detach with the State De IMPORTANT: If It

JAMES F. SCARPELLI CUMBER LAND, MD 21502

236. DATE

4-28-82

J. BOLLINO, JR.

DR. ANTHONY

230 BURIAL, CREMATION, REMOVAL Burial

MAY 3 1982 There gistrar's ignation in

ATTegany

MD

955 FREDERICK ST., CUMBERLAND, MD

Cumberland

HERRY FRYENDS - SHYDER APRIL 25 1072 - 0127 CUMPERLAND MEMORIAL HOSPITAL CURPT LIGHTING TO. a dominal and not seem to the seem of the Soft) entimetted The street that theries . . Styder Custoriand. ED wor DR. ANTHONY A. FOLLEND, JR. 955 PREESRICK ST., CHMSEPLAND, CO

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5	1	FOR STATE REGISTRAR			STATE OF MARY NT OF HEALTH AN CERTIFICATE OF	D MENTAL HYG	SIENE 8 2	0 8	3 4 5
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(M)	3 St	MALE	4. RACE WHITE		NOV. 21	1929	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
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n and ce Poges P		WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	26 69L			ADDRE	SS ERNPORT.MD	
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he law re ion. has been it permit. rene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH O	PERATION WAS PERI	FORMED	200 AUTOPSY?	206. IF YES, WERE FIL IN CERTIFYING CAL YES [
PHYSICIAN: The ending physicion this certificate he burial-transit p and Mental Hygienn dar Hem I 8 show	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M.		YEAR 19	INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPAR	T 2)
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TTENDIP portal or TOR: Ai for use of Health	13	22a.1 certify that (1) (this has sow the deceased alive		10 59	4- 17	y) (our) opinion	e	te and hour and from	, that (I) (we) last
TAL OR ATTY the hosp to the hosp to detached to tote Dept. a		22b. SIGNATURE	Mor of) A LA	DEGREE N. D.	ATTENDING PHYSICIAN	MEDICAL STAF	F	ATE SIGNED 7-82
OSPI ed b UNE Id be the S		JOHN MEHANN		2000	ADDR			ERLAND. MD	21502
Bb————————————————————————————————————	230.	BURIAL, CREMATION, REMO			ME OF CEMETERY O	RCREMATORY	23d LOCATION	ORT ALLEGA	CTAYE
DHMH - 16 50M 1/81		UNERAL DIRECTOR	June 12	Soll	Juna Millo OI	25a DAT	E REC'D. BY REGISTRAR		
(VRA 15, 4)	BO	AL FUNERAL HOP	111 CHURC	CH ST.,	WESTERNPO		K30 1982 Z	conces Jan	Wather
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After this certificate has burial-transit pe

TO FUNERAL DIRECTOR:

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should be detached for use as with the State Dept. of Health or IMPORTANT: If Item 21 is mark

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ATTENDING

HOSPITAL

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CERTIFICATION

MEDICAL

and Mental Hygiene prior to burio!, cremation.

FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND LEALTH AND MENTAL HY CICATE OF DEATH	GIENE 8	2 0 REG. NO.	8 3	4 6
I DECEASED NAME FIR	57	MIDDLE		AST	2a DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
	LLIE	JO	9	TITCHER	APRIL	8, 1982		5:45 A
3. SEX Female	4 RACE White	•	5. DATE O		6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREK	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY EGANY COL		
10 CITY OR TOWN OF DEATH Cumberland	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET ALL RED HEART	DDRESS)	PITAL		CUPATION OR MOST OF WORKING LI	FE) INDUSTRY	OF BUSINESS O
USUAL RESIDENCE (IF NURSING H 130. STATE	outineral KXXXX	13c CITY OR TOWN Ridgely	admission)	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET AD			
Nicholas	MIDDLE	Nelson		15. MOTHER'S MAIDEN NA	AME	AIDDLE	Van	
160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECUR 234-40-3		Francis E.	Stitcher	Rt.#1 Bo	x 458	
Canditions, if any, wh gave rise to immedia cause (a), stating	DUE TO, O	m - 11.	oge.	M. I.			APPROX	IMATÉ INTERVAL ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 19a. DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

YES [NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION

CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from 2 4-8 82

saw the deceased alive on abave, (1) (we) (d.d.) did no and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING STAFF

PHYSICIAN

22e. ADDRESS VELANDIA,

924 SETON DRIVE, CUMBERLAND, MARYLAND 21502

DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Cumberland Md. Allegany Burial Apr.12,1982 Sunset Memorial Park

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

ADDA DECATUR ST. SILCOX-MERRITT FUNERAL HOME CUMBERI AND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

YES [

NO F

Teamle Willes and Area 1927 instruction) VI. W. Va. . Alland Handler and Alland Art. 13 Four Affi licholas Priva 3013 To I ox Ess 231-40-3178 rangis . Stippher Morellay . a. Ann 12 20 Cimson to miss of the little of the little of the

an and completely filled in by the fur Pages 1 and 2 should be filed within within 24 hours ATTENDING PHYSICIAN: The law

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 8 3 4 / CERTIFICATE OF DEATH								
	DECEASED NAME FIRST MIDDLE VPE OR PRINT) LAURA AGNES			WERNER		28 DATE OF DEATH MONTH DAY YEAR 28. HOUR 4 82 4 0 PM				
	1. SEX female	1. RACE Cauca	Caucasian		PE BIRTH	6. AGE THI YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD		CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED D	Allegany County, MD.				
200	IN CITY OR TOWN OF DEATH Frostburg	Frostbu	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS Frostburg Village			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY NOUSEWIFE				
100	USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CO	OR OTHER INSTITUTION UNITY	TY 13c. CITY OR TOWI		134 INSIDE CITY LIMITS? YES NO -	Rt. 2, Box 51				
1	14. FATHER'S NAME FIRST Simon	FIRST MIDDLE		15 MOTHER'S MAIDEN NA FIRST Clara		WIDDIE		Mª Kenzie		
				FITY NO.	Leona Biddington, Rt. 2, Frostburg, ED					
	DUE TO, OR AS A CONSEQUENCE OF Cardio Volculus de underlying couse lost Cardio Card							no D'fen	ma na	MATE INTERVAL ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 Angle: Deg-author: Fldage									
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	190 DATE OF OPERATION 196 CONDITION FOR WHICH			N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES		
	A	SUSE OF DEATH HOUR A.M. MONTH DA			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, PA	RT 1 OR PART 2)		
	OR CONTRIBUTING CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CA	NOT WHILE TO (AT HOME, STREET, FACTORY, OFFICE, F			211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
	22e.1 certify that (1) (this haspital) attended the deceased from March 12 1982, that (1) (we) lost saw the deceased olivered march 17 1982 and that in (m) (our) opinion death occurred an the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death. DEGREE 122c DATE SIGNED									
i	56	fone	Um	ME	ATTENDING .	MEDICAL STAI		4/5	182	

BP.

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, should be detached for use as the burial-transit permit. Then please remove carbon powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren

230. BURIAL CREMATION, REMOVAL 236. DATE

S. Lal Sandhir

224. PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

234 LOCATION

Tarn Terrace, Frostburg,

MD

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR S. REGISTRAR'S SIGNATURE

DHMH-16 25M (VRA 15, 4) 1/79

female Couombian 4 y 94 25 , J. CO. TILL OF ofiverson ending the continuous Ale me . 2. 18 X X multinous years 14. Coton Clara 1012 213-22-497 come timington, st. 2, worshum, MD

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 haurs with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar remayol.

	CEASED NAME F	IRST	MIDDLE		LAST	REG. N		EAR 2b. HOL
	E OR PRINT) MILDR	RED	E.		ISON	APRIL 1,		020
3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		
1	Female	Whit	ce	Oct	. 23, 1897	84	YRS	DAYS HOURS
	IRTHPLACE (STATE OR FORE	IGN 76 CITIZEN	OF WHAT COUNT	RY? 8	3232	9. BALTIMORE CITY C		TH
	MD	US	SA	WIDOWE	D NEVER MARRIED "	Alleg	any	
(ITY OR TOWN OF DEATH	(IF NOT IN	EMORIAL	HOSPITA	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Ret. Sup	F WORKING LIFE) INDU	
13a. S	MD A	nome or other institute. County	13c. CITY OR T	OWN	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 549 Gree	ne St.	3
	Charles	MIDDLE C.	Willi:		15. MOTHER'S MAIDEN NAME FIRST	MIDDLE		oinson
(WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (II	U.S. ARMED FORCE: FYES, GIVE WAR OR DATE:	1	8-5474	Alice Save	lyev, Roa	noke, VA	APPROXIMATE INTER
	underlying cause I	the DUE TO	, or as a conse	OUENCE OF				
CATION	underlying cause I	CANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WERE F	INDINGS USER
RTIFICATION	PART 2 OTHER SIGNIFICATION	CANT CONDITIONS N 196 CO	CONTRIBUTING	TO DEATH BUT				INDINGS USER
CAL CERTIFICATION	underlying cause I	CANT CONDITIONS N 196 CO YING	CONTRIBUTING	TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEAT NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	CANT CONDITIONS N 19b CO YING	CONTRIBUTING NDITION FOR WH E OF INJURY A.M. MONTH	TO DEATH BUT	n was performed	200 AUTOPSY? YES NO ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEAT NO [
	Underlying cause I PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 21d INJURY OCCURRED WHILE AT WORK 22a. I certify that (1) this sow the deceased a above (11) well-idid	CANT CONDITIONS N 19b CO YING	CONTRIBUTING NDITION FOR WH E OF INJURY A.M. MONTH P.M. CE OF INJURY STREET, FACTORY, OFF	DAY YEAR 19 ICE FARM, ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 217 LOCATION STREET 219 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUING CITY OR TO	20b IF YES, WERE FIN CERTIFYING CAYES TO THE TEM 18 PART LORPA	FINDINGS USED AUSES OF DEAT NO [
	Underlying cause I PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE WHILE AT WORK 22a. I certify that (I) Inhi sow the deceased of above (II) well (did C) 22b. SIGNATURE	CANT CONDITIONS N 19b CO YING	CONTRIBUTING NDITION FOR WH E OF INJURY A.M. MONTH P.M. CE OF INJURY STREET, FACTORY, OFF	DAY YEAR 19 ICE FARM, ETC.)	216 HOW INJURY OCCURE 216 LOCATION STREET 19 nd that in my (our) apinion of PHYSICIAN ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUING CITY OR TO	20b. IF YES, WERE FIN CERTIFYING CAYES	FINDINGS USED AUSES OF DEAT NO [
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WEDICAL MEDICAL	Underlying cause I PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) his saw the deceased a above (II) well did 22b. SIGNATURE 22d. PHYSICIAN'S NAME	CANT CONDITIONS N 19b CO YING 21b TIM HOUR EXAMINER 21e PLA (AT MOME AT MOME Live on 3/ Idid ngt view the bo	CONTRIBUTING NOTION FOR WH E OF INJURY A.M. MONTH P.M. CE OF INJURY .STREET, FACTORY, OFF the deceased fro	DAY YEAR 19 ICE FARM, ETC.)	216 HOW INJURY OCCURE 216 LOCATION STREET 19 nd that in my (our) aprilian a DEGREE ATTENDING PHYSICIAN 226 ADDRESS 955	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STAL DIRECTOR PHYSIC	20b. IF YES, WERE FIN CERTIFYING CAYES	INDINGS USEI AUSES OF DEAT NO [ART 2]

WHILISON APRIL 1, 1982 ALTHOUGH MISSITH

PSF FEERICK STREET CLEEKLAN, NEWYOR 21502

DELLEGE VEGETAR SECTION

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, retained by the haspital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ā
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The le retained by the haspital or attending physician.
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BP_ DHMH - 16 50M 1/ (VRA 15, 4)

	1.05	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
7.3		CEASED NAME FIRST FOR	ra Blanch	e Winebrenner	4/29/82	DAY YEAR 2b. HOUR 5"10a M
)	3 SE	female	white	5. DATE OF BIRTH 12/ 31/ 86 *85	6 AGE (IN YEARS LAST BIRTHDAY) 96	IFUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
5 tonce	7o. B	Wellersburg, P	The CITIZEN OF WHAT COUNTRY a USA	Y? 8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN Allegany Co	ITY OF DEATH
nétified	10. C	Frostburg, Md	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE FOST DUTY	SING HOME OR OTHER INSTITUTION SET ADDRESS) THE HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIF B	12b. KIND OF BUSINESS OR INDUSTRY OWN HOMB
Twist be	13a S	AL RESIDENCE (IF NURSING HOME O	Tegany 13c. CITY of TS		13e. STREET ADDRESS Box 1	0
O Vamine	14 FA	THER'S NAME FIRST JOACIM C	HRISTOPHER MA	IS. MOTHER'S MAIDEN NA	ME	COE
medical		VAS DECEASED EVER IN U.S. AF LIFYES, GF UNKNOWN			y 48 Tarn Terra	ce Frostburg, MD
ar ather traumatic event, th		PARTI. DEATH WAS CAUSE	nly ane cause per line far (a), (b), ED BY: ITE CAUSE (a) HHCV DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) (c)	UENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, a	rion		of en seemen	ODEATH BUT NOT RELATED TO THE TERM		
luo smou	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
tem 18 s		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
edor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
7		220.1 certify that (1) (this hasp	ital) attended the deceased from	82, and that in (my) (aur) apinian	, ta <u>29 AfRII</u> death accurred an the date and h	, 1982 , that (I) (we) last aur and fram the causes stated
n 21 is mark			0 . 1	DEGMEE	MEDICAL STAFF	22c. DATE SIGNED
NT: If Item 21 is mark		224 SIGNATURE Marki	Mothsta		DIRECTOR PHYSICIAN	04/29/82
MPORTANT: If them 21 is mark		22d PHYSICIAN'S NAME (TYPE C Dr M Rothst URIAL, CREMATION, REMOVAL	ein	PHYSICIAN PHYSICIAN PAR ADDRESS	y, Frostburg, M	d. 21532

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6. 21ES	" amountaby? In	tubery at		nto*al	res II wit
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injury, or other troumatic event, the medical exami

MPORTANT: If them 21 is marked or Item 18 shows any

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7	4		4		removol	ption, or	ol, crem	r to buri	ene prio	Hot Hygi	and Mer	Heolth	ept. of	State D	0
WHEN Y	should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled in the M	Should	lond 2	rs. Poges	adoduoc	nove corl	eose ren	Then pl	† permit.	ol-transi	the buri	use os	hed for	e detac	ğ
e funec	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the firming	ely filled	complet	puo uoi	ig physic	ottendir	d by the	en signed	hos bee	rtificate	er this ce	DR: Afte	RECTC	ERAL D	ž
									on.	efoined by the hospital or attending physician.	fending	0 0 0	hospit	by the	D
an deat	O HUSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hauss after death	thin 24	cuted wi	be exec	ertificate	deoth c	that the	eduires	he low	CIAN	5 PHYS	NON	K AL	AC C	7

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.	• • •
	CEASED NAME FIRST	WIE	DDLE	LAST .	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	LEONA	RD L	EE WIN	EBRENNER	APRIL 1	9, 1982	4:20PM
3, 56	х	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIE		
1	Male	White	July	24. 1924	57	YRS.	S HOURS MIN.
ro. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY? 8	ED NEVER MARRIED	1. BALTIMORE CITY	R COUNTY OF DEATH	
	Maryland	USA	WIDOW		Allegany		MD
10. C	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 126. KIND	OF BUSINESS OR
_(UMBERLAND	MEMO	RIAL HOSPI	TAL	Retired E		ilroad
130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY II	ve residence before admission: 3(. CITY OR TOWN Cumberland	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 814 N. M	echanic St.	
14. F.	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST
	Henry S.	Winebrer	ner	Hazel Gr	ady		1731
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G		66 SOCIAL SECURITY NO.	17. INFORMANT	ADDRI	SS	
	10	rII	219-14-6268	Mrs. Ruby Wi	nehrenner	Cumberland	Md Wife
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	AS A CONSEQUENCE OF	monale bstructive) (a)
O						DITION ON EN INTERNI	110
CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	on for which operation	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	
MEDICAL CER	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	AIR	NJURY MONTH DAY YEAR 19	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PART 2)
(ED)	21d INJURY OCCURRED	21e PLACE OF	INJURY T FACTORY, OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
<	AT WORK AT WORK		The same of the sa				
	22a.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	1	190	nd that in (my) (our) opinion (, that (1) (we) last he couses stated
	226. SIGNATURE	umag			MEDICAL STAI	FF IAN []	TE SIGNED
	22d PHYSICIAN'S NAME			22e. ADDRESS MEMO			
	PETER HAL	MOS. M.	D.	CUMB	FRIAND, M.	ARYLAND	21502

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR F. Scarpelli

Apr.23,1982

23c NAME OF CEMETERY OR CREMATORY 23c Hillorest Burial Park

k Cumberland, Allegany, Md.

ADDRCumberland, Md, PR 23 1982 REGISTRAR MA REGISTRAR'S SIGNATURE

OF STATE OF BUILDING STATE OF THE STATE OF T CEOTARD LEE VINCERENMER - LAREL 19, 1982 MIZHR CUMBERLAND HEMORIAL HOSPITAL L. F. WELLEN BERNARM CHILDON id of the control of the best of the second the whorld it was a removed to a versal the second compact of the second line and MEMORIAL HOSEITAL - TEUL CUMBERLAND, MARYLAND 21502 PETER HALMOS M.D. The Mark Company of the Company of t Control of the Contro

		FOR STATE REGISTRAR		DEPARTI	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	9 65	()	8 3	5
96019		CEASED NAME ORPRINT)	Elmer	NMI		tzy	20. DATE OF DEATH		YEAR	26. HOUR 5:40pm
	1 SE	Male	4 RACE White			729/89 YEAR	6 AGE (IN YEARS LAS	BIRTHDAY) IF MO	UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
25		RTHPLACE (STATE OR FOR PONTRY) Penna	USA	F WHAT COUNTRY?	MARRIE WIDOWI	DIVORCED	9 BALTIMORE CIT Allegar		FDEATH	MD
1		Frostburg	Frost	burg Comm	ûnity	Hospital	12a USUAL OCCUP (TYPE OF WORK FOR MC	ST OF WORKING LIFE		F BUSINESS OR
3	130. 3		COUNTY Garrett	13c. CITY OR TOW Frostbu	N	YES NO	13e. STREET ADDRE			
10		THER'S NAME FIRST Frank VAS DECEASED EVER IN	MIDDLE	Yutzy	DITY 10	15. MOTHER'S MAIDEN NAME FIRST	MIDDL		Durr	ST .
wedicol Col			(IF YES GIVE WAR OR DATES)	214-16-2		J Mallery				tburg, MC
y injury, or other troumot	TION	underlying couse PART 2 OTHER SIGNIF	which diote the lost CONDITIONS (CONTRIBUTING TO I	ENCE OF	AF NOT RELATED TO THE TERM	INAL DISEASE OR CI			
no sway	CERTIFICATION	190 DATE OF OPERATIO			OPERATIO	N WAS PERFORMED	YES NOT	·	G CAUSES	OF DEATH?
9		21a. ACCIDENT WAS UNDER IT OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL)	SE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 PART	I OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED WHILE AT WORK ON THE AT WORK	(AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY O	TOWN	COUNTY	STATE
		22a.1 certify that (1) (the		19		, 19	MEDICAL S	TAFF		
IMPORTANT	-	Dr. M.	Gorzaga			22e ADDRESS Main St	DIRECTOR PHY	5/0		
	{	URIAL, CREMATION, REASPECIES Burial	May 3			emetery or crematory	Pocaho	ntes, Son		
31		Dûrst Fune	ral Home	Frôstbu	irg, N	1d.	1 1 1982	0	K S SIGNA!	URE

month rest Committee Commi Spaned 12 March 12 year learns after the configuration of the configurat The source of the section of the sec Trick of the look that her test to dealer, to we will be with the state of
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	+
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, no as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours off	
with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remayal.	

STATE OF MARYLAND	2 (8),	. **	448	@h	ans a	(L-20)	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	0	8	3	5	
CERTIFICATE OF DEATH							

{ TYPE	CEASED NAME	FIRST	MIDDLE		LAS1	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
	OR PRINT)	CORA	EMMA	ZEHN	ER	APRIL 22	, 1982		6:49P
3. SE:	X	- 4	RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 H
	Female	5.	White		2 3, DAY 904 YEAR	78	YRS	NTHS DAYS	HOURS M
7a. BI	IRTHPLACE (STATEO	R FOREIGN 7	U. S. A.	MARRIE WIDOW	D NEVER MARRIED D	9. BALTIMORE CITY ALLEGANY	OR COUNTY O		
C	ity or town of di umberland,		1. NAME OF HOSPITAL, N			120 USUAL OCCUPA	ATION IT OF WORKING LIFE)	126. KIND O INDUNISH	Home
130.	AL RESIDENCE (IF NU STATE Va.	RSING HOME OR O		E BEFORE ADMISSION) R TOWN Ley,	13d. INSIDE CITY LIMITS?	So. Buser	St. Ca	rpente	r's Ao
14 F.A	Ephriar	m <u>~</u>	She She	llhamer	Louisa	WIDDLE		Hop	
	MAS DECEASED EVE YES, NO OR UNKNOWN)		ED FORCES? 16b. SOCIAL WAR OR DATES)	L SECURITY NO.	William M.		. Box #		7a . 26 Ridg el
1	Canditians, if an		(b)	SEQUENCE OF	Myscardial	Infarct.	04		
CATION	gave rise to in cause (a), stat underlying caus	mmediate ting the se last. GNIFICANT CC	DUE TO, OR AS A CONS (c) DOUBTIONS CONTRIBUTION 196 CONDITION FOR W	SEQUENCE OF	Av-tery	Discase AINAL DISEASE OR CO	DNDITION GIVEN	WERE FINDIN	NGS USED
CERTIFICATION	gave rise to in couse (a), state underlying court PART 2 OTHER SIG	nmediate ting the se last. GNIFICANT CC	DUE TO, OR AS A CONSIDER OF TO THE CONDITION FOR WE SEE THE CONDITION FOR	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATION	Avotevy NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, NIN CERTIFY II	WERE FINDIN NG CAUSES	NGS USED
AL CERTIFICATION	gave rise to in cause (a), statunderlying cause PART 2 OTHER SIGNATURE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING	mmediate ting the se last. GNIFICANT CO ATION INDERLYING CAUSE OF DEATI	DUE TO, OR AS A CONSIDER OF TO THE CONDITION OF THE CONDI	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATION H DAY YEAR	Av-tery	200 AUTOPSY? YES NO	20b. IF YES, NIN CERTIFY II	WERE FINDIN NG CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to in cause (a), statunderlying cause (b), statunderlying cause (c), statunderlying cause (c), statunderlying cause (c), statunderlying contributions (c), statunderlying contributions (c), statunderlying cause (c), statunderlying (c	mmediate ting the se last. GNIFICANT CO ATION INDERLYING CAUSE OF DEAT DICAL EXAMINER	DUE TO, OR AS A CONTRIBUTIONS CONTRIBUTION FOR W	SEQUENCE OF GTO DEATH BUT WHICH OPERATION H DAY YEAR 19	Avotevy NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFY II YES	WERE FINDIN NG CAUSES	NGS USED OF DEATH? NO
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BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL WARYNE GEORGE
GEORGE FUNERAL HOME

202 GREÊNE STREET CUMBERLÂND, MD

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		FOR STATE REGISTRAR	FIRST	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 8 3 5 3 CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 120 DATE OF DEATH MONTH DAY YEAR 120 HOUR									
		CEASED NAME E OR PRINT)	ARL								YEAR	2b. HOUR	
	3. SE		AKL				BOWER OF BIRTH		17, 19		RIYEAR	01:14 AF	
9		MALE				FEB	23 DAY 1897		85 YRS.			HOURS MIN.	
15	70. B	IRTHPLACE (STATE OR COUNTRY) PENNA.	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW	NEVER MARRIED		GANY CO	OUNTY OF DE	ATH	MD.	
no little or		UMBERLAND	ATH	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SACRED HEART HOSP				120 USUAL OCCUPATION 120 KIND OF BUSINESS OR RETURN CARPET IN STALLER					
must be	130 STATE 1136 CO			DROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION INTY 13C. CITY OR TOWN LEGANY			13d, INSIDE CITY LIMITS?	13533EN	ARELANI	ST LAY	VALE	, MARYL	
Willer A	14. F	ATHER'S NAME FIRST		MIDDIE LAST			15 MOTHER'S MAIDEN NA	AME				ST	
ex d		Α.	WILS		ZEMBOWER		MARY			H	OSEST		
1	160	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? /E WAR OR DATES)	214-05-		BESSIE ZEMBO	WER 533	ADDRESS MD. ST.	LAVALE	MAR	YLAND	
ony injury, or amer	CERTIFICATION	PART 7: OTHERSIGNATION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196: DATE OF OPERATION 198: CONDITION FOR WHICH OPERATION WAS PERFORMED 286: AUTOPS 17 200 JF VES. WERE FINDINGS USED DECERTIFYING CAUSES OF DEATH?											
Swood a		THE ACCIDENT WAS UN	CAUSE OF OR	HOUR A	M MONTH D	AY YEAR	214. HOW INJURY OCCUR	VES []	NO POUR PL	YES 🗍	distribute.	NO []	
rked of he	MEDICAL	ZIŁ INJURY OCCUR	RED	71e PLACE	OF INJURY	19	ZH LOCATION		CIT OF TOWN	C90	rute	SIATE	
om si i z m		22a. I certify that (I) sow the decease above, (I) (we) (ed alive on	41	he deceosed from 19 y ofter death.	52	nd that in (my) (aur) opinion	ta death accurre	d on the dote a	nd hour and fro	om the co	at (I we last rules slated.	
		22b. SIGNATURE	6	in	ne l	up	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		DATE SI	17/8	
T A A		RENATO		A, M.D.			907 SETON DE	R., CUM	BERLAND	, MD	2150)2	
	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. LOCATION CUMBERTAND ALLEGANY MARYLAN												
31		24 FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE,											
	SI	_COX-MERRI	TT FU	VERAL H	OME DECA	TIR	ST CUMBER	ND, IMD	1982	house	And the Co	Mag (dis	
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